THE CANADIAN NURSE

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Between Ourselves

Just as we have invited you to share our joy over each new section of the *Journal* as it has been added, so now we realize that with the news we bring today there will be for many of you a distinct feeling of regret, as at the passing of an old friend. Ever since *The Canadian Nurse* was first published fifty-four years ago, news columns telling of local activities have been included. *Next month they are appearing for the last time.*

Several considerations influenced the Executive Committee of the Canadian Nurses' Association, at its recent meeting, to vote that this section should be discontinued. The principle reason was the fact that this is the only editorial part of the magazine that would be different when our twin issues commence in June.

Unlike 1905, when there were no provincial nurses' associations as we know them today, we not only have ten very active bodies but many of them have bulletins that are sent out at regular intervals to their membership. It was felt by the Executive that that was the logical organ to carry the accounts of chapter meetings. The roster of alumnae associations from which items of interest have been received regularly has been dwindling very considerably. Another item that has also been discontinued is the publication of the lists of appointees to various public health nursing organizations.

* * *

Speaking of the recent Executive Committee meeting, brief reports of some of the national committee activities will be found in "Nursing across the Nation." The survey of *Journal* readership revealed that only about a quarter of the nurses of Canada read the items that are published under that caption. Since it is the primary source of information regarding the many aspects of the work being carried on nationally in our name, it should be one of the best-read sections. How else can you know what is going on?

Several hours, at the meetings, were devoted to the discussion of the provincial executive secretaries' reports. We wish that it were possible to share these reports with you in full. They reflect an intense interest in a wide variety of new and vital developments. Since space does not permit their reproduction in full **Provincial Round-up** points to the principal avenues along which the provincial associations are moving.

* * *

One of the speakers at the Editorial Advisers' conference in January was a prominent Montreal newspaperman. His comment regarding the titles of the articles in an average issue was that they did not have enough sparkle, not enough spice in them. He proposed that we should experiment now and then to learn your reaction.

When we were preparing Miss Stockley's account of the instruction she gives **post-laryngectomy patients**, we decided to act on the newspaperman's suggestion. Honestly, are you more intrigued by the title we have used or would you have been just as interested to read had we used the sub-heading as the main caption?

* * *

The sudden failure of the heart in any patient is an agonizing experience for the nurse who is immediately responsible for his care. Inevitably, there is the feeling that perhaps life could have been saved if only someone who knew what to do had reached him soon enough. More often than the average person is willing to believe, there is, unfortunately, nothing that could have been done if some serious heart disease is present.

Cardiac arrest during surgery is even more terrifying to the nurse. It is usually caused by a lack of oxygen in the vital tissues. There are various predisposing factors that may contribute to this anoxia on the operating table: insufficient preoperative dosage of atropine; overdosage of a preanesthetic drug; decreased vital capacity; anemia, anxiety, shock; pulmonary or heart disease.

Whatever the cause, the response must be immediate and effective, not only to restore the heartbeat but also to reestablish the oxygen system before irreversible damage has been done to the brain. Time is the driving factor. Dr. Cruickshank gives three minutes as the limit of safety. So each nurse member of the operating staff must know by heart what is and what is not to be done.

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1820

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

CENTRINE

Indications—Peptic ulcer, pylorospasm, hypertrophic gastritis, vomiting of pregnancy.

Administration—Tablets: 0.5 mg. (1 tablet) 3 or 4 times daily.

Solution: initially 2 to 5 drops before meals and at bedtime increasing by one or more drops depending on response. For infants use dosage schedules as for atropine.

Injection: 1 cc. (0.5 mg.) repeated if necessary in 3 or 4 hours.

Description—Aminopentamide (alpha, alpha - diphenyl - gamma-dimethylaminovaleramide), parasympatholytic antispasmodic.

Manufacturer—Bristol Laboratories of Canada Limited, Montreal.

CETOGEN

Indications—The treatment of headache, neuralgia, colds, in children.

Administration—One tablet with a little water 2 or 3 times a day as prescribed.

Description—Each tablet contains: Cetogen $\frac{7}{8}$ gr. phenacetin $\frac{5}{8}$ gr. and caffeine citrate $\frac{1}{8}$ gr.

Cetogen with Codeine: Cetogen with codeine 1/30 gr. per tablet.

CIDALON

Indications—The eradication of scabies, head lice, crab lice, ticks.

Administration—Apply as directed.

Description—An emulsion containing isobornylthiocyano-acetate 4%.

Manufacturer—Canadian Pharmacal Co. Ltd., London.

CHOLEDYL

Indications—Whenever the cardiovascular, diuretic, and bronchodilator effects of theophylline (or its double salt, aminophylline) are indicated: edema, angina, asthma and premenstrual tension.

Administration—Adults: Initiate with 200 mg. q.i.d.; adjust dosage to individual requirements. Children: 100 mg. t.i.d. or q.i.d.

Description—Choline theophyllinate.

Manufacturer—Warner-Chilcott Laboratories Co. Ltd., Toronto.

CORTATE

Indications—Addison's disease, asthenia associated with adrenal cortical deficiency, radiation sickness.

Administration—2 to 6 mg. as prescribed.

Description—Preparation of desoxycorticosterone acetate.

Manufacturer—Schering Corporation Limited, Montreal 9.

CO-SALT

Indications—As a salt substitute in conditions requiring low salt diets, e.g., congestive heart failure, hypertension.

Description—Salt substitute containing: Choline, potassium chloride, ammonium chloride, tricalcium phosphate. Contains no sodium or lithium.

Manufacturer—U.S. Vitamin Corporation of Canada Limited, Montreal.

DULSANA COMPOUND

Indications—For the symptomatic relief of cough in pharyngitis, laryngitis, tracheitis, bronchitis, pneumonia, bronchiectasis, bronchial asthma, whooping cough, smoker's cough and the "cough habit of nervous origin."

Administration—Adults: One or two teaspoonfuls (5-10 cc.) 3 or 4 times daily, as required. Children: 6-12 years: one-half to one teaspoonful (2.5-5 cc.) 3 or 4 times daily, as required: children under 6 years as recommended by the physician.

Description—Each 5 cc. teaspoonful contains: Paracarbinoxamine maleate 2 mg., ephedrine hydrochloride 4 mg., codeine phosphate 10 mg., ammonium chloride 100 mg., chloroform 25 mg., menthol 0.25 mg., flavored syrup base q.s.

Manufacturer—Charles E. Frosst & Co., Montreal.

SAL-INFANT Suppositories

Indications—For analgesia and antipyretic effect in children when an alternative to oral administration is desired.

Administration—Children under 5 years: $\frac{1}{2}$ to one ounce or twice daily according to body weight. Five years and over: one suppository one to 3 times daily.

Description—Each suppository contains: Acetylsalicylic acid 150 mg. in a hydrophilic base.

Manufacturer—Mowatt & Moore Ltd., Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

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N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a *Basic Professional Course* leading to the degree of B.S.N.

For further information write to the

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FLORINEF TABLETS

Indications—For the treatment of Addison's disease and adrenocortical hyperplasia of the adrenogenital type.

Administration—Addison's disease—A daily oral dosage range of 0.1 to 0.3 mg., has produced satisfactory salt retention. Supplementary parenteral administration of sodium-retaining hormones is not necessary. **Adrenocortical hyperplasia of the adrenogenital type**—Satisfactory inhibition of endogenous adrenocortical hypersecretion has been achieved with daily doses of 1.0 to 2.0 mg. This dosage range has been found to reduce and maintain the 17-ketosteroid excretion at or near normal levels.

Description—Fludrocortisone acetate for oral use, tablets 0.1 mg.

Manufacturer—E. R. Squibb & Sons of Canada Ltd., Montreal.

METASPAS TABLETS

Indications—Wide spectrum synthetic antispasmodic agent in: functional diarrhea, dysmenorrhea, pre-and intermenstrual syndromes, false labor and during actual labor, post-partum; spasmodic cough, vomiting, nausea, motion sickness, drug intolerance, surgical premedication, exploratory instrumental procedures.

Administration—Adults: 3 to 9 tablets daily in divided doses of 1 to 3 tablets.

Children: ½ to 2 tablets daily in the same manner.

Infants: (under 1 year): ¼ to ½ tablet daily according to age. The daily dose diluted in a small quantity of water in the morning could be divided for several administrations during the day.

Contraindications—Like most atropine-like products, is contraindicated in glaucoma.

Description—Each tablet contains 10 mg. of beta (N-piperidine)-ethyl-cyclohexyl-1, cyclohexane carboxylate hydrochloride, dihexyverine hydrochloride).

Manufacturer—Thomas Leeming & Co. Inc., Montreal.

PROMANYL

Indications—As an ataractic in: alcoholism, acute hallucinosis and disturbed psychotics, drug addiction.

Administration—In doses as prescribed and in accordance with patient's condition and response. Total daily dose should not exceed 1 Gm.

Description—Promazine HCl tablets, 25 mg., 50 mg., 100 mg.

Manufacturer—Paul Maney Laboratories Canada Ltd., Toronto 14.

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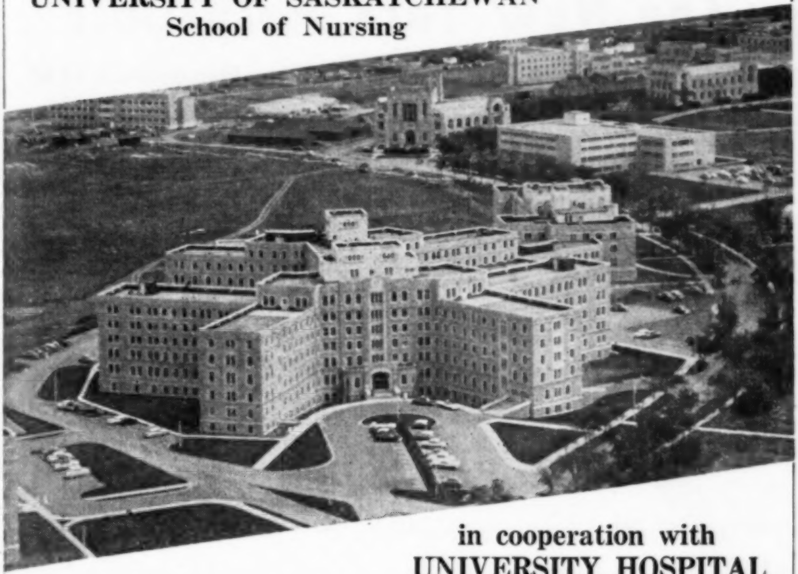
School of Nursing



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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55 NUMBER 4

MONTREAL, APRIL 1959

The Dignity of Service

WE ARE NOW APPROACHING the season of the year when a great many of the schools of nursing across Canada will be holding their formal graduation exercises. Hundreds of social affairs — parties, receptions, dances — will be held to help the new graduates celebrate the successful conclusion of three years of very active learning experiences. Countless gifts from well-wishers will mark the occasion. Prizes will be awarded; farewells will be said; then the schools will settle down to another year of relative calm.

At most of the graduation exercises, some outstanding representative of the community, some well-loved member of the hospital staff, or perhaps some leader among the nursing profession will be invited to deliver an address to the graduating class. Periodically, these guest speakers are perplexed as to what ground they should cover, what theme they should develop. This seems an appropriate time, therefore, to crystallize a few of the highlights of nursing philosophy into a form that may be helpful to the speakers. Going further, it is our hope that this brief summary may prove a stimulus not only to the new graduates but also to the thousands who have graduated before them.

The one word that seems to sum up most adequately the whole philosophy of nursing is "service." If questioned, most nurses would reply that they entered their school in the first place because they wanted "to help people who were ill." From their earliest days as preclinical students until their last interview with their director of nursing, the principal accent has been on service — to their patients, their families, the community. Every form the service may take — be it as simple as a sip of water to a thirsty patient, or as complex as the preparation of an operating theatre for surgery — carries with it a dignity that belies such terms as menial, drudgery. Service may be tiring. Sometimes it is trying. But always, thoughtful service to others is rewarding.

Directors of nursing are very conscious of the importance of the relationship between the service provided by their staff and the students, and public esteem. Though the semi-military character of the early nursing school days has been considerably diminished, a degree of discipline is essential. In order to produce the highest level of service this discipline must be intelligently enforced and accepted. An appreciation of the need for and value of this discipline should be an integral part of every young graduate's professional equipment. School days may be over but there must be no relaxation in her adherence to the discipline that has become a part of her life.

In addition to discipline, nursing philosophy recognizes the need for initiative, the ability to think through problems, poise, emotional maturity, and a ready adaptability to change. These qualities do not suddenly blossom at graduation. They have been cultivated carefully, day by day, all through the undergraduate period. They are the result of practical experience in every branch of nursing available in the hospital. Coupled with a sound sense of service they make possible the maintenance of the high standards that are the hallmark of Canadian nursing.

"Service" means many different things to different people. The attitude of the general public toward nursing is molded to a considerable extent by the individual nurses that the men and women, who make up the public, know personally. So, on every new graduate is laid the responsibility of developing good public relations wherever she goes by serving with efficiency, integrity and, above all, with dignity as she goes about her daily tasks.

Two Letters of Interest

FAR TOO LONG HAS GONE BY before I seem to have had an opportunity to write and tell you the way in which the most generous gift from the Canadian Nurses' Association has been expended.

I now want you to know that we have made two purchases with the money. A very attractive carpet has been laid in the office of the Nursing Service Division, and we have also acquired an antique silver tea-pot. Before we had your gift it had been decided that the office of the Nursing Service Division (otherwise Miss Beck's office) should have rugs but should not be close carpeted. The advantage of a carpet over rugs hardly needs to be stressed, and due to your gift, the office is now greatly improved both in appearance and comfort.

When I was with you and you mentioned the possibility of expending the donation on a tea-set, I explained that the South African Nursing Association had already given us a donation with which a Wedgewood tea-set had been purchased, but we did need a more elegant tea-pot; and the antique silver one which we have now purchased certainly adds dignity to the set and is used on many occasions when we entertain visitors at this Headquarters.

I hope you will express once again to your Executive Committee when the opportunity arises our deep appreciation of your gift and the thoughtfulness which promoted it, and we are so happy to have this evidence of your confidence and affection within our Headquarters.

With greetings and good wishes to all of you,

Yours sincerely,
DAISY C. BRIDGES,
General Secretary.

* * *

I am aware that at this meeting a building fund was established so that the Canadian Nurses' Association might in the future have suitable headquarters, to be known as C.N.A. House. It seems fitting that the founder of the Association should have some part in realizing the dream of the Association and I would ask that the honorarium for the Mary Agnes Snively Memorial Address for 1958 be credited to this fund.

Please be assured that the Association would give me pleasure by permitting me to play this small part in the future of the Canadian Nurses' Association.

Sincerely yours,
W. S. STANBURY, M.D.,
National Commissioner.

High slim heels are not suitable for women who drive a car. This type of heel can easily slip off brake or accelerator.

— Dept. of National Health and Welfare

Cardiac Arrest

LIONEL F. G. CRUICKSHANK, M.B. CнB., (Edinburgh), D.A. (Eng.), F.F.A.R.C.S.E.

WHEN THE DREADFUL WORDS "cardiac arrest" are mentioned during the coffee break, are you one of the nurses who prays that it will not occur during your next case, who flies into a panic, or hopes that somebody else will know the answers?

What are the facts? Most centres agree that the incidence is from 1 in 2,000 to 1 in 5,000 cases. It is more common under the age of ten years, approximately 20%; more in men than in women. About 13 per cent occur outside the operating room in various other departments.

The causes are many but the main ones are:

1. Anoxia and/or carbon dioxide excess.
2. Reflexes which affect the heart.
3. Anesthetic agents, e.g., chloroform and trilene.
4. Hypotension.
5. Cases with electrolyte imbalance.

For how many operations did you say that you were the scrub nurse? How often did you see one of the above causes present in these cases? None! Well, your next case may be the big one. How are you going to rate so far as your medical ability is concerned?

Are there any warning signs that might raise suspicion that things are going wrong? Watch out for the following signals:

1. Change in rate or type of respiration.
2. Persistent cyanosis.
3. Very slow or rapid heart rate.
4. An unexplained drop in blood pressure.
5. A worried anesthetist.

In any drill there must be a constant component and time is the factor for the beginning, duration and end of a cardiac arrest drill. If the brain can receive oxygenated blood within three or four minutes of the arrest then about 90 per cent of cases should be successfully resuscitated. After four minutes, the figure drops to about 6 per cent successful with the word "vegetable" being applicable to some of the remainder.

Every act of every person is related to time. The time is a sequence of three minutes, which after all are only 180 seconds, and there are very few to spare. The drill can be compared to a square dance. People come to the dance, take various steps and leave again but the time or tempo is controlled by a caller and so the dance is kept in rhythm. If there is no caller then the dance will fail and so will the cardiac arrest drill because nobody will know what the other people are doing and the whole performance looks like a disturbed crowd of ants.

Let us imagine that a patient is in an operating room with plenty of staff and all necessary equipment. Supposing the anesthetist announces cardiac arrest.

During the first minute:

The *surgeon*

Stops operating.

Checks for pulse or heart beat if working inside the abdomen or chest.

Does nothing otherwise.

The *anesthetist*

Stops the anesthetic.

Places patient in Trendelenberg position at 5-10 degree tilt.

Gives oxygen at 10 litres a minute with controlled respiration.

The *interne*

Checks with stethoscope for heart beat and leaves the chest bare.

Arranges the intravenous with pressure apparatus attached.

The *scrub nurse*

Looks to see that the following are present: antiseptic paint, knife and cardiac arrest set.

The *waiting nurse*

Calls the time at 30 second intervals.

Helps the interne with the I.V.

During the second minute:

The *surgeon*

Picks up the knife.

Dr. Cruickshank is one of the senior anesthetists at the Winnipeg General Hospital.

Asks the scrub nurse to open cardiac arrest set.

The *anesthetist*

Continues as before and intubates if necessary.

The *interne*

Re-scrubs.

The *scrub nurse*

Paints the chest.

Opens cardiac arrest set.

The *waiting nurse*

Calls the time.

Gives the scrub nurse the cardiac arrest set.

During the third minute:

The *surgeon*

Nicks the chest to see if there is any bleeding.

Incises the fourth left intercostal space and begins cardiac massage.

The *anesthetist*

Advises the surgeon regarding drugs.

The *interne*

Helps the surgeon.

The *scrub nurse*

Fills the syringes with required drugs.

The *waiting nurse*

Calls the time.

The surgeon will massage the heart with a milking motion, at the rate of 60 times a minute. He will probably open the pericardium. If the massage is being properly carried out, a palpable radial pulse and a systemic blood pressure of about 60 mm. Hg. should be present. The surgeon, after a period of massage, will announce that the heart is in arrest or fibrillation. The treatment differs for each and different drugs are required. The cardiac arrest set must contain all of them.

For *arrest* the drugs required are:

½ cc. ampoules of adrenaline 1:1000
10 cc. ampoules of novocaine 1%
ampoules of atropine 1/75 gr.
10 cc. ampoules of calcium chloride 10%

Fibrillation requires:

10 cc. novocaine ampoules 1%
Potassium chloride ampoules 40 mg.
A defibrillator that will give a voltage of up to 200, carries an amperage of 1.5 to 2.5 and allows the shock to be given for at least up to a total of 1 second.

These drugs are injected into the ventricles of the heart by the surgeon. He will ask for the one he requires and its strength. He will also control the voltage and time of the defibrillator. The nurse does not need to concern herself with the action of the drugs, only that they are present in the cardiac arrest set.

The set should also contain a knife, a few hemostats, a pair of scissors and syringes with needles and ampoules of normal saline.

If the cardiac arrest occurs and only a nurse is present, she should start artificial respiration and keep track of the time. When help arrives, people will know what treatment to begin according to the time sequence of the drill.

Once the heart has started again, the following must be established for the after-care of the patient:

An artificial respirator or ventilator
Water-seal drainage for the chest
Clear airway and tracheotomy, if necessary
Fluid balance because of cerebral edema
Feeding — gastric and I.V.
Antibiotics
Hypothermia because of central anoxia
E.K.G. tracings
Blood pressure apparatus
Cardiac glucosides

In conclusion, the main factor is *time*. To be able to use the time properly, practice is required. All personnel should know the duties of each member of a cardiac arrest team so that all can be interchangeable. Every month a cardiac arrest practice should be carried out so that there is no need for fear or panic but in order to assure a steady, always ready team.

To be adult it is necessary to possess: The wisdom to be dissatisfied with the way things are; the boldness to attempt to change them; and the patience to do it in the company of others who disagree as to how it should be done. — DR. KENNETH D. BENNE

Nursing is not a thing of provinces, it is not even a thing of nations; it is as broad as civilization and as deep as human need.

— ETHEL JOHNS, *The Canadian Nurse*, June, 1916.

Congenital Heart Surgery

A. T. MILDENBERGER

A RECENT STATISTICAL REPORT on 30,036 unselected autopsies in Minnesota indicated that one to two per cent of these persons had been born with a heart defect. Further statistics from a Colorado survey in 1952 indicated that roughly 25,000 to 50,000 infants are born in the United States yearly with congenital heart defects. If we assume that the same ratio applies to Canadian births, then one or two infants out of every 100 births in Canada is affected with a heart malformation.

The cause of the incomplete or improper development of the heart is not known. In some cases it has been attributed to German measles or some other systemic infection of the mother during pregnancy. In many infants there are early signs of heart defect. In others the condition may exist for months or years without becoming apparent. Although incidence is relatively beyond control, corrective surgery is becoming more and more successful. Types of congenital heart disease vary considerably but basically the nursing care is the same for surgery of all types.

EARLY HISTORY

In the case of little Jean Howard, heart murmurs had been detected since birth, but no other symptoms warned the parents of impending danger. Alert and active despite a tiny, slow-growing body, Jeannie did not tire noticeably, did not have fainting spells, and was not subject to undue respiratory infections. However, when the child was two years old she was hospitalized with pneumonia. An x-ray revealed an enlarged heart.

After recovery from the pneumonia a heart catheterization was performed. The catheter did not pass through any defects, but the blood samples drawn from the right auricle were highly oxygenated and indicated a left-to-right shunt. Cardiac catheterization and other tests, although narrowing the cause of heart distress to several types of defect, do not determine the exact anomaly nor the extent of the malformation.

Surgery was considered necessary for Jean. She was referred to University of Minnesota Hospitals where the extra-corporeal circulation method had been successfully practised in surgical correction of numerous cardiac defects since March 1954. Jean was sent home to await further plans. She had been placed on digitalis "to prevent heart failure."

In the interim between March and July, Jeannie's parents concentrated on expenses for the operation. The Howards, who had lost their other child shortly after its birth, were determined to overcome all obstacles.

In July, Jeannie again entered her local hospital, this time for a physical check-up and a repeat catheterization of the heart. Now a "very marked precordial bulge" was present. Her chest was considered out of proportion to the rest of her body. Although well-nourished, her weight was low at 21½ pounds. On this occasion, the catheterizing tube passed through the atrial defect from the right upper chamber to the left upper chamber. Moderate pulmonary hypertension was noted. It was estimated that 5/6ths of the blood volume was passing through the inter-atrial defect to be recirculated through the lungs rather than circulated through the body. Though surgery was considered a great risk, much more delay of the operation might be too late. The plans proceeded for immediate surgery.

About six to eight donors, group A Rh positive blood, were to be found by the parents. The donors had to be available within 24 hours prior to the scheduled surgery. Red Cross blood, which is preserved using citrates as an anticoagulant, was not suitable for this type of surgery.

SURGICAL TREATMENT

Immediately prior to surgery Jean-

Miss Mildenberger is a graduate of St. Elizabeth's Hospital, Humboldt, Sask.

nie's weight had increased to 23 pounds. Throughout a week of observation her pulse ranged from 100-126, respirations from 20-48, and temperature from 99-100^2. Daily fluid intake averaged 700 cc. Up and about during this period, the child was alternately happy and irritable. She liked company and showed great curiosity. She enjoyed helping the nurses whenever possible.

Preoperative orders included continuation of digitoxin and daily injections of Vidaylin and Vipenta that were given intramuscularly. Numerous blood tests, as well as a routine urinalysis and a chest plate were requested. A week after admission surgery was performed.

Nothing *per ora* was given after 4:00 A.M. on the morning of operation. Preoperative sedation, given hypodermically at 9:30 A.M., consisted of seconal gr. ½ and atropine gr. 1/400. Sodium pentothal anesthesia was used initially, and oxygen was administered continually by mask. A cut-down of the saphenous vein was done, then a transverse, sternal chest incision was made. After the chest opening was complete, cannulae were inserted into the venae cavae and aorta. They were connected to the oxygenator machine. When the circulation bypass was underway, and the heart was "dry," an incision was made into the heart exposing an ostium primum interatrial septal defect and a cleft mitral valve.

> An interatrial defect is not the same thing as a patent foramen ovale. Although the foramen ovale frequently does not close after birth the valve on the left side prevents the blood from flowing left to right. Since pressure is greater on the left side the blood cannot flow through the patency from right to left. In the case of persistent ostium primum, this primary growth of the septum had been arrested in the fetus leaving a gap between it and the septum secundum. Thus, as much as 90 per cent of the blood volume is shunted from the left to the right atrium because of the difference in pressure.

The cleft in the mitral valve was sutured, followed by repair of the interatrial defect with an Ivalon sponge patch. Body circulation was restored through the heart, two chest tubes were inserted for drainage, and the chest incision was closed. The oxygenator was used for thirty-one minutes.

Postoperative Care

Three hours after the beginning of surgery, the child now semiconscious, was moved to the postanesthesia room. She was placed in a croupette and oxygen was administered at three litres per minute. To help loosen the thick mucus in her throat, Alevaire was given by nebulizer for 10 minutes each hour. Vital signs were checked q.15 minutes, temperature q.½ hour, unless elevated.

She was transferred from the postanesthesia room to the Heart Hospital on the second day, and kept in an oxygen tent continuously until the third day. Then the gradual weaning began with as much as two-hour periods out of the tent at a time.

Blood transfusion was continued at the rate of blood loss as measured every half hour from the drainage bottles.(The blood loss during surgery, 600 cc. had been replaced in the operating room.) To aid chest drainage, a mechanical "stripper" was used to milk the tubes. Penicillin, 200,000 units was ordered every six hours, Streptomycin .125 gm. every 12 hours. Intravenous fluids to the amount of 250 cc. were to be given in 24 hours.

When the first private nurse came on duty at 3:00 P.M., Jeannie was already quite alert and moving about restlessly. Her hands had been tied to the bed railings to keep her from pulling out the tubes. She had also started to cross her legs with her knees drawn up — a peculiar characteristic of children with heart defects. Although irritable Jeannie responded well to the frequent questions of doctors, interns and nurse.

The child's color was good until around 4:00 P.M., when she began to show circumoral cyanosis. This was gradually relieved after a large amount of thick mucus was suctioned from her nose, and a stomach tube had been passed, aspirating 70 cc. of air and 5 cc. of gastric secretion. Her pulse was 140, blood pressure 140, and temperature 101^2. Ice bags were used to bring the temperature down to 99.

Blood loss through the drains amounted to 100 cc. between 2:00 P.M. and 4:00 P.M., gradually lessening so that both tubes were removed on the second postoperative day.

A chest plate, taken about two hours after surgery, revealed some pleural reaction and aspiration pneumonitis at the right base. The chest tubes were draining well and there was no evidence of gross pneumothorax, consolidation or effusion. Repeated six hours later, the x-ray showed the right lower lobe infiltration to be cleared. Moderate gaseous distention of the stomach was noted. A stomach tube was again passed and 60 cc. of air removed.

Since it was prone to a sudden drop in rate, the apical pulse was taken q.15 minutes for several days until fairly stable, then it was taken every half hour of the day. Isuprel (isopropylarterenol N.N.R.) 5 mg., was given whenever the pulse dropped to 100. Administered rectally, it was first given at 9:00 P.M. on the day of surgery, and on the second day was ordered q. 2 h. to combat the effects of heart block. The pulse fluctuated from 104-124 on the first evening, and from 122-142 the next day.

> Isuprel has the action of epinephrine in stimulating the sympathetic nervous system, and increasing the heart rhythm and blood pressure. It also possesses the anti-allergic actions of epinephrine.

On the second day after surgery, only two doses of Isuprel were required, but on the third day the pulse dropped low four times. An attempt was made on the fifth day to cut the dosage in half, but this did not prove satisfactory. The cardiac stimulant was not required after the seventh day since the heart block was finally relieved.

The pulse quality remained good throughout, with regularity of rhythm. Elevation of pulse and respirations appeared to coincide with the crying spells that generally accompanied the administration of injections or other disturbance.

Jeannie was cooperative in moving about and was turned face down at frequent intervals. She coughed well when asked to. After the first morning she sat up to take fluids, and after the second morning was held by the nurse or her mother for short periods. On the tenth day she took her first steps.

Digitoxin .035 mg. was continued orally, q.d. The cut-down was discontinued and oral fluids started on the morning of the first postoperative day. A small amount of solid food was taken on the second day — potatoes, bread, jello and milk. Her mother was allowed to feed Jeannie one or two meals daily. Although some emesis occasionally followed meals, by the sixth day the child's appetite was good, and two days later her oral intake had almost doubled at 1500 cc. Her weight was 22¼ pounds. The nausea and vomiting were considered to be due to toxic effects from the digitalis since they ceased after the drug was discontinued.

Although the systolic blood pressure rose to 140 or higher during the first few days, it stabilized by the fourth day (114-120), and did not fluctuate as the pulse rate did.

Prior to surgery the patient's white blood cell count was 15,000. The day before surgery it had decreased to 10,300 and on the second postoperative day had risen to 20,750. An elevated white blood cell count is expected as a stress reaction and as a result of tissue damage. The hemoglobin remained around 12.3 gm. which is within normal limits.

During the first days after surgery the child voided incontinently. However, urinary output was considered satisfactory and when able to be measured was about ⅓ to ½ of the fluid intake. Initial defecation was stimulated with a glycerin suppository on the first postoperative day. Thereafter her bowels moved fairly regularly — soft, formed stool.

Described as precocious by one of her nurses, little Jean was undemanding and easily entertained with stories or by being held and talked to. According to present recovery rates, Jean may be leading a fairly normal life within two months, although in a case of extensive pulmonary hypertension, a year's postoperative follow-up will indicate more accurately if the heart changes have been corrected.

SUMMARY

As in chest surgery of any kind,

the nurse must be thoroughly acquainted with emergency equipment in case of respiratory or cardiac failure. A knowledge of the mechanics of the various suction pumps is essential. Unless the chest tubes are kept absolutely airtight pneumothorax may result. The tubes must be clamped off before measuring the drainage.

Because narcotics are considered too depressing on the cough centre, the patient's comfort and freedom from worry is dependent upon the nurse's care. If the patient is not forced to cough often an accumulation of mucus may block off the trachea and cause lung collapse. Tracheal suction apparatus must be on hand for prophylactic use and in case of emergency.

Careful observation and accurate recording of vital signs are necessary in order to detect any sudden change that may come without warning. A rapid pulse drop may readily occur during meals, from exposure to cold, or when having a bowel movement. Similarly, a stomach overburdened with gas or forced food may cause respiratory embarrassment.

An understanding of the patient's particular heart defect is important in order to distinguish the expected symptoms from the unexpected. In all surgical cases, the radial pulse is unilaterally difficult to obtain. In cyanotic heart disease there is more blood loss following surgery than is the case with acyanotic heart disease.

Brrrp! Brrrp!

M. Stockley

Teaching Esophageal Speech

Recently, I had an opportunity to attend a week of esophageal speech instruction as an observer. This project was planned by the Ontario Cancer Society in Toronto to advance esophageal speech among Ontario's laryngectomized. Mr. Wm. Jackson, a laryngectomee from Manitoba, and I were the only two "non-Ontario" people attending. The instructor was Mr. J. McClear a largectomized speech therapist from New York.

Almost 90 laryngectomees attended the course. Mr. McClear divided them into six groups. Group 1 consisted of those people who could only belch, but not speak, and also those who could not belch. The remainder were put into graduated groups — group 6 consisting of those most far advanced. They could speak, but would benefit from speech drills in rhythm and inflection.

The people attending from out of town were housed in a fine new hostel which is part of the Ontario Cancer Society's rehabilitation program for cancer patients. The modern and pleasing decor of this hostel must be seen to be appreciated. It is really more than a home away from home.

Since February 1958, Mr. Jackson and I have been holding esophageal speech classes in a room of the Outpatients' Department of the Winnipeg General Hospital. Mr. Jackson, who has a full-time job as a night watchman, volunteered his services. There is no charge for these classes. It is a service we hope will help the carcinoma patients to be rehabilitated. The majority of our pupils to date have been from rural Manitoba. Learning to speak again has necessitated that they stay in the city after discharge from hospital. If they have friends here, the stay is no problem. If not, we try to find room and board for them within walking distance of the hospital.

Esophageal speech is, in itself, a muscular skill. As with most muscular skills, some people are capable of acquiring them quickly, others require more time. Fifty per cent of the learn-

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Miss Stockley is a public health nurse with the Case Follow-up Service of the Winnipeg General Hospital.

ing process is psychological, and includes the will to succeed. The other 50 per cent is persistent practice and the immediate application of the new muscular skill. The breath is swallowed through the esophagus, in lieu of the missing larynx. It is brought back up through the esophagus where it vibrates at the entrance thus permitting the formation of words.

The pupil is first told of the necessity for complete relaxation while learning. If he is tense, it will be almost impossible to "belch" and a belch is the beginning of acquiring this muscular skill. The tongue is placed against the upper front teeth as if you were saying "T." The pupil mouths "T" three or four times, then "S," then "T," closes the teeth and lips and swallows. A faint thump may be heard as the air goes down. The air may not return immediately. As it does, repeat the "T" and "S" — swallow and a belch will eventually come up. Soon the pupil is able to feel when the air is coming up, and shapes his lips to sound "ah." With persistent practice he can produce "ah" any time. He has now mastered the swallowing of air and the belch. It is only a matter of practice until quite distinct words are produced.

Graduated vocal drills help to put rhythm and inflection into his speech. It is not the loudness of the belch that counts, but the quality. Perhaps as you read this you think such a procedure would produce almost guttural sounds. Far from it! A very pleasing voice may be produced with practice. It becomes a habit with these people to lock air and this way talk endlessly! There need be no exaggerated facial contortions when swallowing the needed air. It becomes as natural as any of our daily habits of walking or eating. By the way, if you should ever be teaching any of these people, eat your breakfast at least two hours before class, and then eat a very light lunch — otherwise you will be belching your bacon and eggs all morning!

My experience has been that a "Speech Therapy" trained laryngectomized person can do more to help these people than anyone. Mr. Jackson and I visit prospective laryngectomees in the hospital, after being contacted by their doctor. You must realize that the patient does experience some psychological trauma, and the fact that a person who has been through this, is speaking and working again, helps the patient tremendously. Similar visits are carried out postoperatively, and as soon as the doctor gives his permission, esophageal speech classes are started.

We try by every means to prevent the patient from feeling sorry for himself. True, without a larynx, he is incapacitated to some extent, but is he not able to ambulate as well as before, care for his personal needs, and enjoy most of the things he enjoyed before? For a short time he can communicate by writing. Everyone is confident he can learn to speak again, and such support from his family and friends is greatly needed during the speech training period.

We always feel a little sad when a pupil is unable to learn to speak again. It is an accepted practice that should this occur, the therapist and the patient's doctor discuss the case. If it is felt by both people that this pupil will not be able to acquire this new muscular skill, then a mechanical aid is suggested. There are various kinds — some are run on a battery, others have a vibrating reed. Of course there is no possibility of inflection in this type of speech — it is almost a monotone. However, he can be understood and that is what counts.

Many people ask how long it will take to learn to talk again. The only answer we can give is that it is a muscular skill, and, as with all muscular skills, takes some people longer than others to acquire. If the pupil is able to belch at will after three lessons, then speaking is only a matter of practice away.

All patients are referred to us by their doctors. If the patient is from another town and anxious to attend our classes, we wish a note from his doctor, stating he is well enough to attend the classes.

We hope to establish a "Lost Chord Club" in Winnipeg. This will be a common meeting ground for all the laryngectomees. Here, at monthly meetings they will make new friends, and help one another on the road to the complete return of the power to vocalize their thoughts.

A New Medication Setup

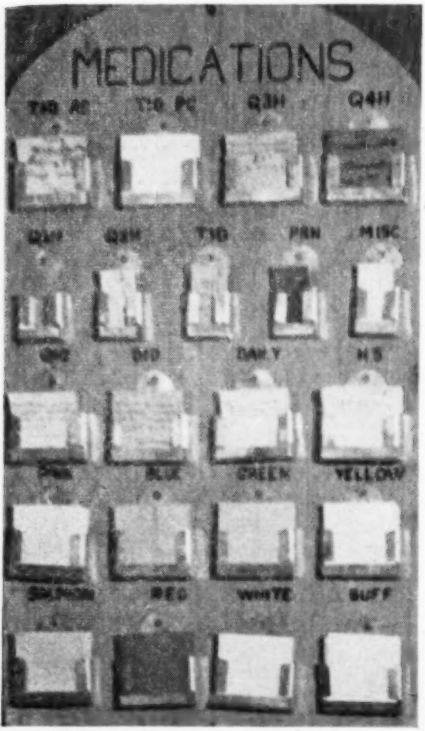
P. Morley, B.Sc.N.

We have recently revised our setup for medication administration and thought that some of our colleagues might be interested in our solution.

One pertinent problem was to provide an adequate way of displaying medication tickets so that they would be easily accessible at administration times. We prepared a board which hangs on the medicine cupboard door which we find is very useful for the purpose.

It is inexpensively constructed of plywood with 21 pocket-like holders of untarnishable, light weight metal. Thirteen of these pockets are for tickets in current use, the remainder for a supply of extra tickets.

Mrs. Morley is an instructor at St. Joseph's Hospital in Guelph, Ontario.



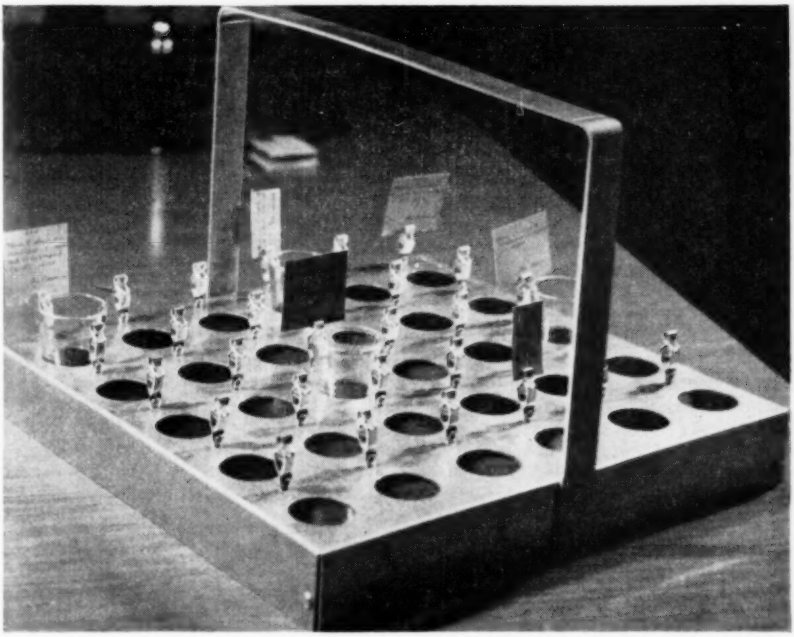
The next step was the construction of a medicine tray that would ensure safe administration. Previously, we were using a flat tray with the tickets under mica. We found that the medicine glasses often slipped and became dislodged from their accompanying ticket.

Our solution to the problem was the construction of an aluminum tray shown in the accompanying photograph. As you will note the glasses are firmly held each in its own socket. The medication ticket is displayed clearly, held by a clip bolted permanently through the base of the tray.

When we had progressed thus far, we felt that a similar setup could be devised for the administration of parenteral medication. This tray is also of aluminum with individual slots and ticket holders for each medication as illustrated. Note the extra bar which holds the syringe in place and the shelf on which the needle rests in the sterile fluff.

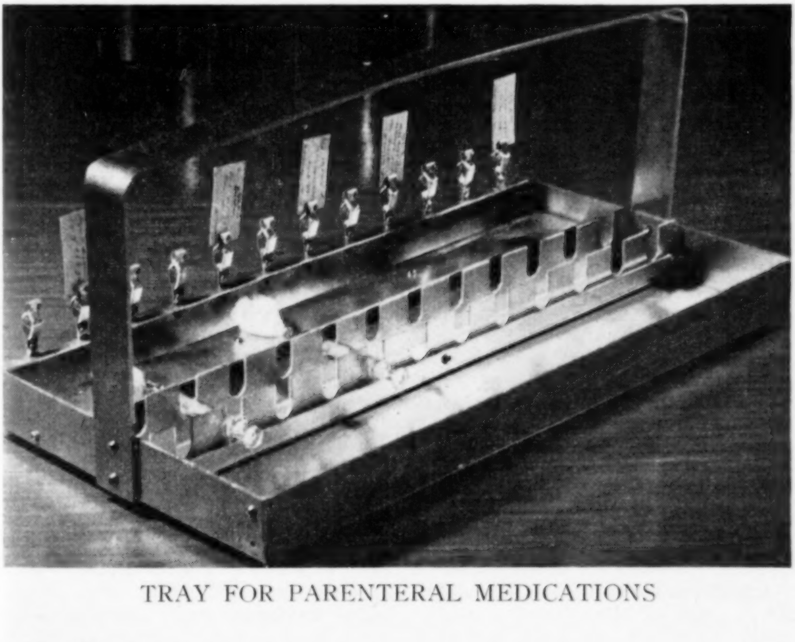
We realized that there would be a considerable saving of nursing hours if both trays could be taken to the ward simultaneously. The administration therefore ordered a 4-wheeled stainless cart which would accommodate both our trays which were then fitted with rubber feet to eliminate noise. The above setup has proven safe to the patient and efficient for the nurse. We feel that if anyone is interested, this pattern can be duplicated by any local metalwork factory.

Very recently our pharmacist supplied the hospital with plastic counters for narcotics and barbiturates. These are commercially available (as narcoticounters) and are possibly in use in many hospitals. They are a tremendous saving in nursing hours since the number on hand can be seen at a glance. The approximate time saved in counting, at each change of shifts, we have estimated as being between 5 and 10 minutes. Considering three shifts a day and 365 days a year this represents a considerable saving of hospital time.



TRAY FOR ORAL MEDICATIONS

Photographs Courtesy of St. Joseph's Hospital, Guelph.



TRAY FOR PARENTERAL MEDICATIONS

L'Infirmière Educatrice et Conseillère

YVETTE NOTEBAERT, B.SC.

"CHAQUE HOMME a ses intérêts — c'est là que son attention doit être captée." Mary P. Follet dans son livre intitulé "Creative Experience"[1] s'exprime ainsi lorsqu'elle parle du citoyen moyen. Elle ne croit pas à son apathie ou à son indifférence. L'infirmière éducatrice et conseillère mise en face d'une réflexion aussi lourde de sens ne peut que chercher à découvrir avec toute la sincérité possible comment, par quels moyens, elle arrivera à enseigner et conseiller efficacement. Si la citation affirme que tout homme a ses intérêts, elle implique aussi le fait qu'il faudra découvrir, comment on arrivera à ce noyau central que sont les intérêts, sans lesquels aucun enseignement véritable ne peut exister.

La radio, la télévision, le film, les revues, tous ces moyens d'éducation ont contribué à propager des connaissances. Cependant, cette diffusion massive a besoin pour aider les individus, de renseignements supplémentaires et quelquefois même de rectifications. Il demeure donc que l'infirmière devra avoir un bagage de connaissances solides et à date, une attitude qui facilite les échanges et une technique souple. L'infirmière éducatrice aura donc une matière à enseigner. Aujourd'hui puisque nous avons choisi de parler de la future maman, la matière à enseigner peut se condenser sur quatre points importants. Ils seront au cours de la journée développés devant vous par mes compagnes. Ces points sont:

1. La surveillance médicale et en nursing
2. La nutrition
3. Repos—confort—détente—exercices
4. Visite à domicile

La matière c'est donc la somme des connaissances spécifiques que l'infirmière possède. Ces connaissances qu'elle a acquises par l'étude et l'expérience doivent être transmises à d'autres — pour être utilisées avec sagesse, elles doivent être enseignées avec méthode. Autrement, tout enseignement demeure stérile, car en définitive ce n'est pas ce que l'on dit aux gens qui compte c'est ce qu'ils acceptent. Le fait de dire à une future maman qu'elle doit prendre une alimentation saine, qu'elle doit boire du lait ne veut pas dire qu'on lui a enseigné. Si on n'a pas réussi à déclencher chez elle le désir de changer, de faire un effort: parce que tout changement implique un effort. Apprendre quelque chose veut dire changer. Décider de prendre du lait quand on ne le faisait pas, de voir le médecin quand on n'en voyait pas la nécessité immédiate, suppose qu'un enseignement a eu lieu. Là où on a éveillé et facilité le désir de connaître, d'apprendre, de changer, on a véritablement enseigné.

L'infirmière éducatrice doit d'abord créer un climat propice qui favorise l'éclosion de l'intérêt. Un peu comme a dit un auteur, "comme un jardinier prépare le sol et laisse produire." Ce climat propice se crée par l'attitude calme et attentive, le ton de la voix: une voix basse et lente est plus susceptible de capter l'attention qu'une voix aiguë et forte. On ne peut pas enseigner directement à une autre personne, on peut éveiller l'intérêt, le soutenir, et le diriger.

Pour être en mesure de faire un enseignement véritable, une infirmière doit aussi connaitre et comprendre les besoins fondamentaux de l'individu. Besoin d'être aimé, accepté, besoin de sécurité pour en citer que quelques-uns. Permettez-moi pour illustrer ce point de vous raconter ce fait rapporté par une infirmière en hygiène publique. Elle dut un jour visiter une mère de sept enfants. Pauvre, harassée, découragée, aigrie, elle reçut mal l'infirmière. Pour elle, tout étranger qui entrait dans la maison, apportait un peu plus de difficulté, de complication, de trouble. Celle-ci la laissa parler, lui demanda très peu et promit de revenir si elle le voulait. A la visite suivante, la mère reçut l'infirmière peut-être un peu timidement mais avec courtoisie.

Conférence donnée à la journée d'étude des infirmières du Service de santé de la Cité de Montréal.

Elle s'excusa même de son attitude et avoua qu'on l'écoutait rarement. La chance qu'elle avait eue de parler lui avait aidé. Pour elle, être acceptée avait été d'être écoutée. Combien de fois chacune de nous n'avons-nous pas écouté seulement — et pourtant c'était là peut-être le point de départ d'un intérêt qui devait se développer — peut-être lentement il est vrai mais le sol avait été préparé.

L'infirmière doit aussi tenir compte dans son rôle d'éducatrice des capacités différentes des individus. Capacité de comprendre, de s'exprimer, de réagir. George Bernard Shaw dit qu'il faut "se réjouir des différences des individus." Sans peut-être endosser complètement la boutade de monsieur Shaw on peut certainement accepter qu'elle est un facteur dont il faut tenir compte. La méthode d'enseigner devra varier selon les individus. Elle devra être plus élaborée avec les plus aptes à comprendre, simple et pratique avec les moins doués ou les plus lents.

Tout enseignement vrai ne s'opère pas seulement sur un plan intellectuel, il ne devient vraiment solide que si cet enseignement touche en nous le plan émotif, ou plus expressément les besoins mais les besoins perçus par la personne à qui on veut enseigner. Il faut chercher à découvrir ce que la personne veut savoir, puis ce qu'elle a besoin de savoir. Tous veulent savoir comment prévenir la maladie, bien peu cherchent à connaitre les moyens de se maintenir en santé physique et mentale.

> Un homme d'affaires à qui on conseille la nécessité de la détente, du repos, de l'exercice peut faire la sourde oreille mais si un ami fait une crise cardiaque on a bien des chances que les conseils soient suivis: la peur de la maladie aidera.

Avec des connaissances de base, une attitude réceptive, nous arrivons maintenant à la technique qui peut être utilisée pour faciliter l'enseignement. Cette technique consiste à: Observer, écouter, questionner, répondre. Avant de donner les conseils que nous croyons utiles, nécessaires, même absolument indispensables à notre point de vue, il faut recueillir les renseignements qui nous guideront sur ce qu'il faudra dire et comment le dire.

Observer — Que faut-il observer chez la future maman? Son attitude: est-elle intéressée, déprimée? Sa peau est-elle pâle, colorée, moite, sèche? Les mains, les pieds y a-t-il oedème? A-t-elle l'air heureux, anxieuse? Est-elle volubile ou laconique? Toutes ces observations sont comme les morceaux d'un puzzle. Chacun apporte quelque chose à l'image totale.

Ecouter — Ici aussi l'infirmière trouvera d'autres précieux renseignements qui la guideront dans son enseignement. D'autres morceaux du puzzle qui s'ajoutent. Ecouter ne veut pas dire seulement laisser parler. Il faut écouter avec un intérêt véritable et une sympathie réaliste. La future maman qui nous parle de ses peurs, de ses craintes, pose des jalons que nous devrons suivre si nous voulons l'aider. Il faudra quelquefois endiguer le flot des confidences des loquaces et peut-être encourager les craintives, les moins communicatives.

Questionner — L'art de questionner est complexe. La question elle-même n'est qu'un élément. L'attitude, le ton de la voix, la mimique faciale, le geste, tout concourt à donner de la valeur à une question. La future maman réagit à ces divers éléments et peut décider de répondre ou d'évader une question selon qu'elle a perçu un intérêt véritable sur sa santé, un encouragement à parler — un blâme — un rejet.

Il y a des questions que l'on peut qualifier questions-clefs: Qu'est-ce que? Pourquoi? Comment?

Ces trois questions nous apportent des réponses directes.

> *Comment* vous sentez-vous? Au lieu de vous sentez-vous bien? La question ainsi conçue force la personne à donner des explications qui aideront l'infirmière à sélectionner son enseignement.
>
> *Qu'est-ce que* vous prenez pour votre déjeûner au lieu de, vous prenez un bon déjeûner?
>
> *Pourquoi* ne prenez-vous pas de lait au lieu de, il faut prendre du lait?

Ces questions forcent la mère à vous indiquer où sont ses véritables besoins et ceci nous amène à la réponse qu'on doit lui faire. Toute réponse doit être simple, compréhensive à la portée de la future maman. Un silence même peut être une réponse. Il s'agit donc de trouver le bon mot ou le bon silence au bon moment comme l'a déjà dit un auteur. Les entrevues peuvent quand même être schématisées mais il doit exister une grande flexibilité. Si à l'ordre du jour on croyait parler alimentation et qu'on trouve une maman inquiète, tendue, qui vous questionne sur les marques de naissance, l'accouchement, il est plus sage de l'aider là où elle indique ses besoins, quitte à revenir plus tard au sujet qui avait été prévu.

Cependant ces techniques en elles-mêmes peuvent rester inopérantes si elles ne sont pas accompagnées d'une attitude propice et par ce je veux dire qu'une personne qui emploierait scrupuleusement ces techniques sans être elle-même prise dans le courant atteindrait peu de résultat. B. S. Speroff, dans un article intitulé "Empathy is Important to Nursing,"[7] dit :

> L'empathie est la faculté d'un individu de se mettre à la place d'un autre, d'établir un rapport et d'anticiper ses réactions, ses émotions, son comportement . . . rien n'est plus efficace que de comprendre les actions et les réactions des autres !

L'expression populaire "se mettre dans les bottes de l'autre," traduit bien ce sentiment. L'infirmière sympathique exerce ce rôle consciemment et volontairement et par ce elle demeure capable d'aider parce qu'elle n'est pas entraînée dans un courant émotif non contrôlé. L'intuition, la sympathie sont des sentiments qui préparent, facilitent et complètent l'expérience. L'infirmière "a la chance et doit faire de l'empathie une des techniques qu'elle utilisera le plus souvent." Elle doit s'identifier aux personnes si elle veut les aider efficacement.

C'est par cette empathie que toute personne peut acquérir et cultiver que les lignes de communication peuvent être établies entre individus. La phraséologie moderne appelle empathie ce qui a existé de tout temps. "Le coeur sympathique" dont parle Alonzo Myers est capable de partager le point de vue de toute autre personne. L'empathie plus la connaissance de soi-même, de ses propres réactions et émotions et le sens de l'humain sont les facteurs de la personnalité qui entrent en ligne de compte dans toutes relations humaines — entre l'infirmière et la maman ils deviennent indispensables si on veut véritablement aider.

Il existe ce que j'appellerais les trois "M" du rôle d'éducatrice :

La Matière
La Motivation
La Modalité

Ces trois démonstratifs que j'emploie ne sont pas orthodoxes en ce sens que l'on ne les trouve pas dans les manuels d'enseignement. Je les ai employés ici pour essayer de faire une synthèse. Tout enseignement véritable, authentique doit comporter, je le crois, ces trois facteurs. Ils doivent tous être présents mais dosés selon les besoins. Voici un peu comment je pourrais essayer de concrétiser pour vous.

La *matière* ou connaissances spécifiques : Quelle que soit la valeur des connaissances que l'on veut enseigner s'il n'y a pas de motivation l'enseignement demeurera peu efficace. Un peu comme si on présentait un plat succulent à un homme sans appétit. Parler d'alimentation saine à la maison qui souffre de nausées persistantes ! ! !

La *motivation* ou désir de savoir : Quelle que soit la motivation ou le désir d'apprendre d'un individu si on ne lui présente pas une matière solide il y aura peu d'enseignement, un peu comme si on offrait à un homme qui a bon appétit un potage seulement. La future maman qui questionne sur le rapport de la bonne alimentation et de la nutrition de l'enfant attend des réponses à point. Il faut essayer de mettre à sa portée les connaissances qui pourront satisfaire son désir de connaître.

La *modalité* ou adaptation de l'enseignement à l'individu — sans la motivation c'est un peu comme si on offrait un plat de viande à un homme qui ne peut digérer que le potage. Par exemple, le repos, l'exercice, la détente devront être traités et adaptés selon le cas si on parle à une future maman d'un premier bébé — ou à une future maman qui attend son 4e ou 5e enfant.

Toute comparaison est boîteuse, celle-ci l'est aussi mais j'ai essayé de vous expliquer à ma façon comment je comprenais cet enseignement. En résumé : les connaissances techniques, véritables, et à date doivent, pour être utilisées par l'individu rencontrer un désir d'apprendre ou une motivation. Cette motivation si elle n'est pas présente peut être stimulée, réveillée par les techniques déjà énoncées. La modalité fera adopter les connaissances aux besoins de l'individu lorsque celui-ci démontre ses besoins.

Le rôle d'éducatrice est d'enseigner. Le véritable enseignement résulte en de nouvelles connaissances pour l'élève. Si l'élève n'a pas appris de connaissances nouvelles, il n'y a pas eu d'enseignement. La porte est restée close — le véritable éducateur ouvre les portes.

Le rôle de la conseillère ne consiste pas seulement d'aider à résoudre les problèmes, il consiste surtout à aider à prévenir les problêmes. Ce n'est pas non plus donner un conseil, une solution sans qu'on l'ait sollicitée. Ces conseils donnés produisent habituellement peu de changement. Le premier rôle de la conseillère est d'aider à édifier la confiance que la famille a en elle-même, de soutenir ses efforts pour prendre ces décisions. Elle doit encourager la famille à faire elle-même ses plans pour l'avenir. Une solution prise par la famille avec l'aide de la conseillère sera plus efficace parce que perçue par la famille comme étant possible, même si la solution ne semble pas celle que la conseillère aurait suggérée. D'échelon en échelon la famille arrivera peut-être au stage vu par la conseillère. Ruth Gilbert dans son livre "The Public Health Nurse and her Patient"[3] dit et je traduis:

> Il n'est pas facile de procéder lentement, de s'arrêter pour penser, d'être consciente de nos propres réactions, de vouloir établir une relation avec les personnes plutôt que de les diriger. Mais de plus en plus nous réalisons que c'est la seule voie qui permet de travailler d'une façon constructive avec les gens.

La conseillère avisée reconnait les limites des individus et les accepte tels qu'ils sont. Elle ne doit pas formuler de jugements de valeur parce que ces jugements peuvent être teintés par des expériences personnelles, des préjugés, quelquefois des codes trop rigides. Tout contact professionnel doit laisser à l'individu interviewé le sentiment de sa dignité. Cet individu fut-il irresponsable, etc. Si l'émotion de recul ou de colère peut être contrôlée, il reste peut-être une bonne chance de toucher une corde sensible et peut-être redonner du courage.

Le rôle de l'éducatrice et de la conseillère est chargé de dynamisme. Il va au-délà des informations, des règles, des techniques. Il se joue sur le vaste théâtre des relations humaines et des rencontres. Permettez-moi de vous citer pour terminer ce qu'un poète hindou dit au sujet de l'éducateur.

> Aucun homme ne peut rien vous révéler sinon ce qui repose déjà à demi endormi dans l'aube de votre connaissance.
>
> Le maître qui marche à l'ombre du temple, parmi ses disciples, ne donne pas de sa sagesse mais plutôt de sa foi et de son amour. S'il est vraiment sage, il ne vous invite pas à entrer dans la maison de sa sagesse, mais vous conduit plutôt au seuil de votre propre esprit.
>
> Car la vision d'un homme ne prête pas ses ailes à un autre homme.

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Students are not in a class by themselves, living in a world of their own. Students come to the schools of nursing out of Canadian homes. They bring with them the attitudes towards life and work that their environment has given to them. The weakness in their attitudes reflects the want of struggle and striving that may be coming to mark western civilization as a whole.

— Selected

RESEARCH

The Nature of Research

MURIEL UPRICHARD, M.A., PH.D.

IT HAS BEEN SAID that research is "any structured effort to solve a problem." Every nurse solves a great many problems every day, but few of these solutions are arrived at through the "research process." In fact, most nurses feel that they cannot solve their problems through research either because they do not know how to go about it or because they cannot delay action while waiting for the long process that is involved.

There is a good deal of truth in both of these reasons. Many nursing problems *do* require immediate action; research *does* take time, patience, knowledge and skill and few nurses have mastered the tools of research. Nevertheless, only short term answers to specific problems can be supplied by opinion and rule of thumb. The long term basic problems of nursing await the application of research techniques. Before such techniques can be used the great body of nurses must have some understanding of the nature of the research process and must be able to take up and maintain a "research attitude" or a "research frame of mind." This is an essential prerequisite, not only of the research worker, but also of the group with whom or through whom the research project is carried on.

This research attitude is rather intangible and defies exact description, but any time a person stands back from a problem and says, "Now, why didn't that work?" or "What causes this difficulty?," they are, to some extent, taking up a "research attitude." If research in nursing is to be done at all, by few or by many nurses, it is essential that a greater number of nurses understand the nature of research process and be able to assume an objective attitude towards their problems. For this reason, an attempt is made here to describe the nature of the research process.

TYPES OF RESEARCH

There are two types of research —pure and applied. *Pure research* seeks for new knowledge through a process of systematic investigation. It does not seek to solve any specific problem, but rather attempts to widen the field of knowledge. So far as I know, research of this type has not been done yet in nursing although it is badly needed if nursing is to give the kind of care that the advancing science and practice of medicine require.

Applied research seeks the solution to a specific problem through systematic investigation. Much social research is applied research, and nursing research to date has been applied social research. This type of research has many difficulties. The basic one is that, as it is about people and with people, there are many uncontrollable variables. The research worker herself is a human being who reacts to the situation and so may tend to influence the result. It is for this reason that the pure scientist often feels that there is no such thing as social research. Despite this difficulty, progress has and can be made. The degree of progress will depend partly on the availability of a few highly skilled and trained nurses to do research for and in nursing. It is equally dependent upon the develop-

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ment of a greater degree of understanding of the meaning of research by the whole body of nurses.

Applied research falls into two categories: the work done by "experts" working either singly or in teams, and "action" research done by the people on the job who are themselves concerned with the problem. Some problems, of course, can be solved only by the trained and objective outsider moving into the problem area. Many problems, however, can be solved or alleviated by "action" research. This is the type of research that is most immediately useful in a service agency. You are all aware of the tendency for our present urgent problems to be solved on the basis of opinion, assumption, or the most casual enquiry from one or two staff members. This cannot lead to long-term solutions or good staff relations. On the other hand, a well organized and cooperative piece of "action" research can do wonders for the morale of an agency as well as contributing to the solution of the problem in hand.

No research of any kind, no matter how limited, can be done without adequate time. As I began by saying, research is a "structured effort to solve a problem." The creation of this structure takes time, effort, thought and objectivity. It cannot be achieved unless some people can be relieved of the immediate, urgent pressure of the day-by-day and hour-by-hour demands for nursing service. Despite this, it is important that as many nursing agencies as possible undertake a certain amount of action research, because it is only the efforts of many nurses that can create the "climate of objectivity" which will make large-scale nursing research possible.

STEPS IN THE RESEARCH PROCESS

There are five steps in the research process. These are: first, defining the problem; second, gathering data; third, developing an hypothesis; fourth, testing the hypothesis; and fifth, reporting the result. Let us examine each of these steps.

Defining the Problem: It may seem obvious that before a problem can be solved, it must be assessed and defined. However, this is not as obvious as it appears. All too often we try to solve our problems without really deciding what the problem is. We do something to alleviate the situation immediately but without getting at the real cause of the difficulty, and trying to eliminate or modify it. The very first steps are to sit back from the problem, look at it quietly and then to state it precisely in words. This process of verbalizing the problem usually clarifies it.

At this same time, we should face and accept those factors which we cannot change. For example, you may have a problem in nursing service that is related in some way to the inadequacy of the physical plant of your hospital. If you cannot change the physical plant then there is no use spending a good deal of your time discussing how nice it would be if only you could burn the building down and start all over again. The inevitable difficulties should be faced and accepted, and you should go on to a solution of your problem from there.

It is amazing how many problems can be solved by this step alone. Simply sitting back in order to think, to verbalize, to discuss the problem, to consciously recognize and accept the inevitable factors, sometimes will clarify the whole situation to the point of indicating means of solution or alleviation. While this is not research, it is one practical use of the first step of the research method.

Collecting Data: The second step in the research process is the collection of data. Few problems are so unique that no one has experienced them previously. Therefore, it is a good plan, saving of time and energy and fruitful of ideas, to search nursing and related literature and to consult experts and others working in the particular field about possible solutions that have previously been found and applied. Direct observation is one useful method of collecting data in such a field as nursing.

Analyzing the Data: It is from an analysis of the data that an hypothesis is made regarding a possible solution to the problem in hand. An hypothesis is a "hunch" that some fact may be true or some method valid or some solution effective. Then this hypothesis must be tested.

Testing the Hypothesis: This step is

the heart of the research process. It is a step that requires a great deal of courage and patience. If it fails, the process must begin again. The data must be reassessed or new data collected, another hypothesis developed and then tested. This process of testing, rejecting, trying again until you do find a successful method is the essence of research. It is not necessary to be discouraged about a rejected hypothesis because very often it will bring up further questions, and sometimes better questions, or it may bring to light some discovery which is quite revealing in itself. In fact, many great discoveries have been made from rejected hypotheses. In any case the rejection itself is important, in that, at the very least you know that this is a blind alley so far as your particular question is concerned.

Applying the Solution: Once having found a solution, it should be applied to the situation. Unfortunately, many pieces of action research are successfully carried through, but nothing is done with the findings. This leads to discouragement on the part of the research workers and inhibits further attempts to solve problems patiently and objectively.

Reporting the Results: Finally, the fifth step is to report the results. One of the things that is holding nursing back very seriously at the present time is that so very few of the solutions found to problems are written up for other people to read and to share. Every day problems are solved in nursing, either by the research process or by the process of trial and error, but very few of these solutions are considered important enough to be written up even for the staff concerned when, actually, many of them deserve publication. Consequently, different groups of nurses across Canada are tackling the same problems in isolation from one another and without the immense benefits of collaboration. The publication of ideas, hypotheses, opinions and solutions is essential if progress is to be made. *It is only through such a meeting of minds that nursing can be defined and a body of nursing knowledge organized.*

UNIVERSITY OF TORONTO RESEARCH PROGRAM

We at the University of Toronto have been attempting to establish a research program. Our basic interest is the improvement of patient care in both the hospital and the public health field. We began this project with a great deal of discussion regarding the nature of the total nursing problem and finally decided that the first step was to attempt to secure information about what is being done now in regard to one specific hospital problem and one specific public health problem. During the past year we made a very small study of just what happened to a group of patients in a general hospital, 24 hours around the clock, for a period of two weeks, and a study of what the nurses in a public health agency actually did in regard to home visits to newborn infants over a period of about three weeks. In subsequent issues other authors will discuss these two specific projects.

Before these articles appear there are one or two other observations to be made. First, we recognize that these two efforts have been very minor — just a beginning on what might be done. Second, we received a tremendous amount of encouragement from the people in both the hospital and public health agency concerned. Moreover, the latter was able to assist the project with funds. This enthusiasm and effort leads us to believe that nurses *do* want to improve their patient care and are ready to make their facilities and services available to research workers.

Finally we recognize that engagement in this type of research takes great courage. It demands being willing to see ourselves as others see us. In this regard, it is important to bear in mind that there is nothing personal in any research project. Among a group of professional people it is taken for granted that each one is doing the very best she can with the amount of knowledge, ability and resources available to her.

We hope that this effort to initiate a research program will find response in many other areas and that, within the foreseeable future, we will be engaged in a nation-wide cooperative effort to use research to raise the standard of nursing service.

Better Utilization of the Students' Time in the Clinical Field

Sister Mary Felicitas, M.S.N.

Good Nursing Service!
Sound Nursing Education!

ONE COULD TAKE TWO MEANINGS from this title: better utilization of time for education; better utilization for service. The philosophy and aims of the school of nursing will dictate where the emphasis will be placed. Our school of nursing has, as its stated objective, the education of the student. The hospital, which serves as the clinical facility where the student can apply nursing principles has, for its purpose, the care of the patient. The clinical field is an essential element in the educative process of a student in nursing. How can we utilize these rich resources of experience to their fullest extent?

The advances in medicine during the past twenty years, have resulted in phenomenal changes in nursing practice. On the one hand, doctors relegated more and more of their procedures to nurses, as their own professional knowledge widened, and new demands outreached their available time. Many of you will recall when the taking of blood pressures and giving of intramuscular injections were strictly medical procedures. Presently, in many localities, administration of intravenous solutions, removal of sutures, and even blood transfusions are accepted as part of nursing practice. On the other hand, nurses have been reluctant to relinquish duties and responsibilities which have been theirs, whether to other professions such as dietitians, social workers and physiotherapists, or, in the matter of simpler techniques, to the less skilled or auxiliary workers.

But still doctors are demanding: "Why can't nurses be taught some of the present minor medical techniques? They are too time-consuming for us!" Others in turn cry out: "Why do you over-educate the nurse? Does she need so much theory to give a patient a bath, make beds, and so forth? Nurses of twenty years ago were just as efficient, sometimes more so, and they did not have all the sciences you now teach." There are times when this attitude is found even among members of the nursing profession.

Yet, in addition to tending to physical needs, we expect the nurse to give *total* nursing care; to treat the patient as a whole person with spiritual values, psychological reactions, and as an integral part of a specific social milieu.

How are we preparing the nurse so that she may cope with the evolving functions expected of her?

No one will deny that the advances of medical practice have increased the duties and responsibilities of the nurse. Therefore the suggestion of increasing number of nurses by decreasing standards is an obvious fallacy. Janet Geister, one of the American nursing leaders, has said: "Expansions in the curriculum aren't ivory tower speculations; they are stark needs."

Such expansions among others, have included psychology, sociology, philosophy, and communication skills. These are basic, if the nurse is to have an understanding of the psychosomatic aspects of illness, and the ability to assist the physician intelligently in his treatment of the patient.

Although realization of these needs has resulted in added courses in the curriculum, this has not always been done systematically, and the numerous "subjects" found in many schools of nursing exemplify them as additions rather than as an integral part of the whole. Dr. Caswell, Dean of Teachers College, Columbia University, points out that in the organization of teacher education programs, there is a trend away from a great many narrow, specific courses, toward program organ-

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ization into broader groupings. For example, instead of offering three or four courses in which work in the community is involved, an educational program may group such courses together, beginning with the theoretical aspects of sociology, and carrying through with experience in community work. He also emphasized the correlation of professional education and the tying together of learning experiences into a functional relationship. Speaking of nursing education, he notes the importance of interrelating clinical and theoretical experience. He states that "Clinical experience must be provided in such a way that it will give a student the sense of what a situation is, and thus facilitate the process of sound generalization."

It follows then, that for the student in nursing, theory and practice must go hand in hand, the general principles being taught in the classroom — their application being implemented on the patient unit. Here nursing education is in a happy situation, envied by educators in other fields. For it is a basic principle of psychology that an individual learns what he does, and that the sooner the performance follows the acquisition of knowledge, the deeper and more lasting does it become. Amy Frances Brown, author of "Clinical Instruction," states that the basic principle in selecting learning experiences for students, is that the student must have experiences which give her opportunities to practise the kinds of behavior, and to deal with the kinds of content, implied by the objectives of instruction. An illustration of violation of this principle would occur if we were teaching medical nursing, and the student were assigned to the delivery room for practice.

From this, one deduces that theory precedes practice, or is concurrent with it, and that allowance is made for correlation. This principle, as well as the other principles of learning which I will mention later, must be kept uppermost when over-all student rotations are planned. It is generally accepted that in the "special" areas, such as pediatrics, obstetrics, psychiatry, etc., theory is concurrent with practice. Should more subjects of the curriculum be taught simultaneously with ward teaching? Such a practice would improve the learning situation in many instances!

In the effort to promote correlation and integration, the instructor becomes the key person. She must illustrate the meaning of each experience, and point out its relationship to future experiences. For example, in teaching bedmaking, the instructor can provide observation of patients in the late afternoon, to determine factors which interfere with their comfort, such as wrinkles in the bed linen and resulting skin irritation. Conversation with patients, as to how they feel, and notation of requests for comfort measures, illustrate to the student a meaningful frame wherein to place good bedmaking. Such linking of theory and practice, pointing up the needs and comfort of the patient, focuses attention of the student on the patient rather than on the procedure, and emphasizes principles rather than method.

The principle of "learning by doing" also applies when the student is placed in an unsupervised or inadequately supervised situation. In such instances she frequently picks up bad habits from a variety of workers. In addition to the poor learning which has resulted, consider the loss of time "unlearning" such undesirable habits, and re-learning them correctly, this not always completely. How much more effective it is to give close supervision at all times, especially when the student acquires her beginning experiences in the clinical area, and is setting up patterns which eventually become habitual.

Thus, planned orientation, and close clinical follow-up, are invaluable in making the most of each hour of clinical experience. True, such a program is time-consuming, especially at the outset, but the dividends become greater with each passing day — better patient care results because of thorough understanding of principles and application of them to suit individual needs. An alert instructor knows the patients, and is aware of their needs. In making student assignments, she takes these into consideration, together with the needs and capacities of her student. Again she follows principles of learning, which point out that we proceed from the known to the unknown, from simpler to more complex situations.

Here, also, is an opportunity of recognizing individual differences of students, and assigning their work accordingly. Where better can one apply the different rates of learning than when the student is able to repeat experiences until mastered? Or, if she does this quickly, new vistas can be spread before her by opening wider horizons of comprehensive nursing care.

It is well to remind ourselves that only by guided experience does the student recognize the unspoken needs of the patient, and respond to them through effective use of communication skills. Physical ministrations to the patient are powerful means of reaching him psychologically. With such selection of learning experiences, the student is reasonably sure of succeeding, and this results in personal satisfaction, which is not only gratifying to her, but is an added stimulus providing motivation for further learning.

This type of program implies the presence of an instructor who is herself a competent nurse. In addition to this, she inspires confidence in both the patient and student. She has the ability to teach. She is fully cognizant of the principles of learning, which she puts into practice at every opportunity. She is a cooperative person, who can work well with others, including supervisory personnel, staff, and students. She must be alert — aware of clinical resources. These she utilizes in planning student assignment, according to their status and ability, with such coordination as to make a worthwhile learning situation. Mindful of the needs of the patient, she is concerned in developing an awareness of them in her students, that they may develop skill in the solution of patient problems — that they recognize that patients are people, who react to illness in different ways, even when there is similar diagnosis and treatment.

This instructor is capable of evaluating student progress, and in doing this, includes positive suggestions and encouragement, as well as discussion of weaknesses. She has an understanding of adolescent psychology, and leads her student to form her own insights and to make her own discoveries, thus enabling her to assume more and more personal responsibility within the framework of relationships with others, guiding her in her growing maturity. The key to all this is in the realization of the sacredness and inviolability of the personality of each individual.

While keeping in mind that the student is there to learn, the instructor realizes that part of education in nursing is concerned with intangibles. She therefore exposes the student to devotedness and generosity which impel the latter to perform tasks for the comfort of the patient above and beyond her immediate function. For example, she will not consider it beneath the dignity of a nurse to tidy up a bedside table, or to perform some household task not ordinarily a part of nursing function, but which is irritating to the patient and removal of which contributes to his comfort and well-being, here and now. Or, to mopping up an accidental "spill" in order to prevent further accident.

Attitudes are caught, not taught. The efforts of educators will be in vain if the student does not see good nursing practice. Quality of nursing care is the criterion for judging both nursing service and nursing education. Therefore, nursing service personnel share responsibility with the school of nursing for providing the setting which will exemplify to students the quality of care expected of them. Sister Charles Marie, supervisor of hospitals for the congregation of the Sisters of Charity of the Incarnate Word, San Antonio, Texas, and one-time professor at Catholic University of America, states succintly:

> Nursing service and nursing education are two inseparables. They are mutually dependent parts of a unity called *nursing*. We cannot hope for a solution of our problems, either in the education of nurses or in the quality of nursing service, until everyone concerned looks at the whole of nursing, that is, both education and service in their relationship to each other, not only in hospital but in the entire health field.

Sister further points out as a logical deduction, that if we improve the nursing care of the patient, we will improve the education of the student, for the less experienced person learns from the one with greater experience, the student from the teacher, and the student nurse from the graduate nurse. She further elaborates that the primary function of nursing is still the care of the sick. In our expanded concept of what constitutes the spectrum of nursing, the chief component, the focal spot, remains the same — bedside care of the sick and injured wherever they may be found — and from that all other activities find their range. Therefore, good bedside nursing, which is the essential foundation for our nursing education programs, is the source for prevention and other phases of health. We cannot and do not prevent anything until we have a knowledge of its real or potential existence. The well person is a debtor to the sick person, for from the experiences with the sick we learn what to do to keep the well person healthy. We may not minimize the importance of good bedside nursing care as the foundation of professional nursing without incurring the loss of the very reason for our existence as professional nurses — responsibility for nursing care rests with nurses, both in the hospital, and out of it!

The graduate nurse too, must be an exemplar to the student. It is easier to imitate what one sees, than merely to do what one is told. Thus, if the graduate directs her efforts, and the efforts of those with whom she works, to that one focal point, the patient. if she does patient-centered nursing, if she gives comprehensive nursing care, constantly aware of the total needs of the patient, she will inspire and assist the student to do likewise. Her attitudes, her example, her application of principles to suit the individual needs of patients, her recognition of their problems, and her tactfulness in dealing with them, are all sources of learning for the student nurse. Most of us can recall such lessons which made indelible impressions!

But, you may counter, the graduate nurse is so busy — she has no time. There are not enough nurses to give quality nursing care! Various suggestions and methods have been devised for the improvement of nursing service areas. These include a reorganization of functions, so that each person in the patient unit is working at his or her capacity. Not only does this make for greater job satisfaction, but it is also more economical from a budgetary standpoint, as well as being another means for better utilization of the students' time in the clinical field.

Auxiliary workers of various kinds have made a real contribution to nursing service, by taking from the nurse many duties that are not strictly nursing, and by assisting her in those that require less preparation. It still remains the function of the nurse to direct, supervise, coordinate and plan many of these activities, so that better service to the patient will result.

It is not too many years ago that the nurse was expected to "care for the environment of the patient" which included sweeping, dusting, and so forth. I doubt that this practice still exists. But what about routine jobs that fall to the students' lot, from collection and assembling of treatment trays, to making up empty units? There is a time when the student must learn this task, if for no other reason than to be able to supervise others, but these can easily be assigned to an aide as a regular, year-round function. This releases the graduate and the student for the professional aspects of patient care, where their skill and learning can be put to more effective use.

Ward clerks can play an important role in freeing the nurse from the shackles of paper work and telephones. Such a ward clerk can make out requisitions, copy temperatures and reports, prepare chart headings, and attend to innumerable other matters which take the nurse away from the patient. She may be conceived of as an efficient secretary, assuming secretarial duties for the busy head nurse.

A messenger service installed by the hospital, is also helpful in saving steps, and avoiding the necessity of student or nursing service personnel running errands, and consequently being away from the nursing unit.

SUMMARY

The socio-economic factors which have raised the standards of living and improved working conditions in our country, have also contributed to the provision of expanded health services to the public. As a result, changes have taken place which greatly affect both nursing service and nursing education.

In considering better utilization of the students' time in the clinical field, close correlation of theory and practice is a primary element. Integration of knowledge becomes more complete as principles of learning are understood and applied. The instructor becomes the link, or the "catalyst" which promotes the learning process. Her tools include the effective orientation program, emphasis on principles rather than procedure, and guidance of the learner in conformity with her needs. These she directs toward the ultimate achievement . . . ability to give total nursing care to any patient.

In the realm of nursing service, the inspiring example of the dedicated graduate nurse, together with efficient use of auxiliary personnel, provide a setting for development of potentialities inherent in the nursing student.

What then, must we do to prepare the nurse of tomorrow? This is not easily answered.

Critical survey of our present-day practices, with a projected concept of nursing needs in the next decade, must be our approach to the problem. Educators must be alert to the constant changes in the complex society of which we are a part, that society wherein patients manifest new needs, because of new and different pressures.

It is inherent to progress periodically to review, assess and plan wisely towards goals which must become well-defined. If this is done cooperatively and democratically between faculty and nursing service groups, the broad field of nursing will be the one to gain. The projected accreditation program, sponsored by our nursing profession, is another step forward in strengthening nursing education and nursing practice.

Experimental programs in nursing education have a definite place in developing a more satisfactory approach to the improvement of nursing education. However, we must not be precipitate! Changing a traditional three-year program to a shorter or longer one, with or without university attachment, does not automatically improve it. Complete and careful study of all factors involved, with a true appraisal of present strengths and weaknesses, is absolutely essential to preserve the former and diminish the latter.

We, the nurses of today, have a great responsibility to the nurses of tomorrow. By our example, by our guidance, by our planning, and above all, by our breadth of vision, do we inspire others to embrace the profession and grow in it to their fullest potentiality. The challenge is ours. God grant that we be courageous enough to accept it.

To relax in our daily life, which is just another way of saying "just take it easy," should be a subject of study for every individual — to assess his or her daily problems, movements, nervous tensions, for whatever adjustments will slow down their tempos and accomplish objectives without winding up, eventually, in nervous breakdowns, serious illnesses or accidents. They will learn, in a surprisingly short time, that with a little organization, research, and foresight, they will attain more and have time left over to enjoy the changing colors and harmonies of life as it flows around them.

A leisurely, chronological order of interesting events gives the zest to life which so greatly helps to satisfy that human craving to be significant which, the great psychologists tell us, is the foremost desire of every person, old or young.

There is a common error prevalent in the thinking that to "take it easy" means to procrastinate in many ways and particularly in the morning rising hour. How many leave only seconds to spare to make the connections necessary to reach the place of employment or the first appointment? There are volumes of evidence to prove the foolhardiness of eating a far too limited breakfast and under tensions created by lack of proper time.

— LE ROY JAMES, in *The Hearing Eye*

* * *

At school starting age in Canada 12 per cent of all children have a vision problem. By sixth grade this has risen to 25 per cent. In high school 35 per cent of all students have visual defects. In the teenage group of Canadians, 2,680,000 are estimated to have vision problems that require professional care.

— Canadian Optometric Services, Inc.

Nursing Profiles

Evelyn Mary Paul became the director of nursing and assistant administrator of the General Hospital, Cornwall, Ont. in September, 1958. Born in Ontario, Miss Paul received her early education there and is a graduate of the hospital she now helps to direct. She holds her Bachelors' degree in science of nursing from the University of Western Ontario.

Her professional career up to the present time has included staff duty at the Children's Memorial Hospital (now the Montreal Children's Hospital) and three years as pediatric supervisor at the Metropolitan Hospital, Windsor. For a short time Miss Paul worked as an occupational nurse at the Canadian division of the Ford plant, Windsor. In 1945 she came back to her home hospital as educational director and in 1951 she was appointed associate director of nursing.

Miss Paul is a past president of the Seaway Chapter, RNAO and of the local Community Nursing Registry. She is the chairman of First Aid services for the city division of the Ontario Red Cross and honorary president of the Women's Auxiliary to the hospital. Although she has a wide variety of hobbies — playing golf, reading, sewing — and is a member of the University Women's Club, she finds that professional affairs at the moment, leave her somewhat short of time in which to enjoy these activities. Congratulations and good wishes are extended to her from her colleagues and friends.

Evelyn Paul

Dorothy Anne Wild is assistant director of nursing service at Misericordia Hospital, Edmonton. A native of Alberta of German Canadian parentage, Miss Wild received her early education at schools in Winterburn, her home town, and Wainwright.

A graduate of Misericordia Hospital, class of '38, Miss Wild is presently completing a course of study in nursing education at the University of Alberta in addition to her hospital duties. Following graduation she worked at Seton Hospital, Jasper and the Community Hospital, Bentley, Alta. She was matron of the latter institution for several months before returning to Edmonton to become head nurse on a surgical floor of her home hospital. She held this position from 1943 until she accepted her present appointment.

President of her alumnae association and secretary of the Edmonton chapter, AARN, Miss Wild has a variety of non-professional interests. She is an enthusiastic bridge player, enjoys sewing and knitting, and for outdoor

Dorothy Wild

recreation prefers skating and giving active spectator support to her favorite baseball and football teams.

A Canadian-born woman, **Marjory Hibbard** has completed with distinction, the requirements for a doctorate in educational administration from Columbia University. A former resident of St. George, N.B., Dr. Hibbard graduated from Columbia Medical Center School of Nursing. Later she attended the University of Washington, Seattle, and Teachers College, Columbia University.

She spent several years in Puerto Rico reorganizing and expanding the nursing services and the nursing education program of the Presbyterian Hospital, San Juan. She is now professor of nursing and director of graduate school programs in nursing at the University of Colorado.

Late last fall the Red Cross Society of Prince Edward Island appointed **Ella J. Wood** as its director of nursing services.

A 1933 graduate of the P.E.I. Hospital, Charlottetown, Mrs. Wood did postgraduate work in psychiatry at Riverside Hospital, Charlottetown in 1956. She became the supervisor of the Women's Building of the same hospital after completing her studies and remained there until taking over her duties with the Red Cross Society.

Off duty, her interest centres largely around music. She is a member of the board of directors of the Federation of Canadian Music Festivals and secretary of the provincial Music Festival Association.

ELLA J. WOOD

In Memoriam

Catherine Casey, a graduate of Youville Training School, Ottawa General Hospital in 1906, died in January, 1959.

* * *

Lulu Dudgeon who graduated from the General and Marine Hospital, Owen Sound, Ont. in 1922 died on February 17, 1959. Mrs. Dudgeon engaged in private nursing throughout her professional life.

* * *

Naomi Evelyn (Ogilvie) Graham who graduated from Grace Hospital, Halifax died in Montreal on January 22, 1959.

* * *

Lois Arabella (Ginther) Grundy, a graduate of Vancouver General Hospital in 1925 died on February 8, 1959. Always extremely active in the work of the RNA BC, Mrs. Grundy also gave valuable service with the Red Cross Society during World War II, first as a home nursing instructor and later as director of the voluntary nursing service division. Following this, she became assistant in charge of the nursing care provided at the Japanese redistribution centre under the authority of the B.C. Security Commission. From 1942-45 she was the supervisor of nurses employed by Wartime Shipping of Canada in the ship-building yards. In 1949 Mrs. Grundy undertook the organization of an occupational nursing service for the employees of the Robert Simpson Pacific Ltd. in Vancouver (now Simpson-Sears). She had been associated with this service ever since.

* * *

Rebecca K. Hepburn who graduated from Wellesley Hospital, Toronto in 1928 died on November 4, 1958. She had engaged in institutional nursing.

* * *

Maude Parker who graduated from

Victoria General Hospital, Halifax died on January 7, 1959. For many years she was the superintendent of the New England Baptist Hospital, Boston.

* * *

Eleanor Patzalek, a senior student at St. Joseph's School of Nursing, Hamilton, died on February 1, 1959.

* * *

Dorothy Maud (Ruffle) Pelley who graduated from St. James Infirmary and Wandworthy Infirmary, Belham, London, Eng. in 1919 died in St. John's, Nfld. on January 22, 1959.

* * *

Clare (Campeau) Renaud a graduate of Hotel Dieu Hospital, Windsor in 1913 died recently.

* * *

Margaret Isabelle Helen Ross who graduated from Regina General Hospital in 1942, died on January 23, 1959 following a lengthy illness.

* * *

Agnes Saunders who graduated from Youville Training School, Ottawa General Hospital in 1928, died in December 1958. She was 61 years of age and was engaged in private nursing at the time of her death.

* * *

Jessie (Anderson) Shaw, a graduate of the Toronto General Hospital in 1921, died in October 1958.

* * *

Sister Mary Leona of the Sisters of Providence, Kingston died in June, 1958.

* * *

Sister Mary of Mercy, a Sister of Providence and a graduate of St. Vincent de Paul Hospital, Brockville, Ont. died on February 19, 1959. She had devoted many years of her life to her profession as a nursing supervisor in St. Francis Hospital, Smith Falls, Ont., St. Vincent de Paul Hospital, Brockville and St. Mary's Hospital, Montreal.

* * *

Lottie Elizabeth (Lawson) Small who graduated from Toronto General Hospital in 1906, died on November 21, 1958 after a long illness.

* * *

Lois Geraldine (Brightman) Swinamer a graduate of Payzant Memorial Hospital, Windsor, N.S. in 1957, died on January 21, 1959. She was 22 years old and had been on the staff of the hospital for a short time after completing her training.

* * *

Catherine Jane Tribble, a graduate of St. Luke's General Hospital, Ottawa in 1921 died on February 9, 1959. She had done private nursing for many years.

* * *

Eugenia S. Wasiuta who graduated from the University of Alberta Hospital, Edmonton in 1948 died on August 10, 1958. For a number of years she was an airline stewardess with TCA and then returned to general nursing before ill health forced her retirement.

* * *

Florence (McIndoo) Wright who was the director of nursing at Belleville General Hospital 1928-37, died recently in Owen Sound, Ont.

Two groups of investigators have reported a new and promising approach to the treatment of illness caused by blood clot formation. One group used plasmin — an enzyme that occurs naturally in the blood and plays a key role in the chemical processes through which the body normally prevents clot formation. It was found that plasmin dissolved artificially induced coronary clots in experimental animals within four to eight hours, restoring normal blood supply to the heart muscle. The substance was later tested on three human patients who had suffered heart attacks with similar results.

The second group worked with streptokinase, an enzyme that stimulates plasmin production in the body. Tests were carried out on 24 patients with heart attacks and the investigators were convinced that this method of treatment was safe. Both groups emphasized, however, that further trials are essential before clot-dissolving therapy for heart attacks can be recommended for general use. — *The American Heart*

* * *

Baking soda is not merely a useful household commodity but in case of fire it is an excellent fire extinguisher. A handful thrown onto a pan of burning fat, or into the stove when a chimney takes fire, will help to control the flames.

— Dept. of National Health and Welfare

* * *

Where there is much desire to learn there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in the making.

— JOHN MILTON

The CNA Retirement Plan Becomes a Reality

NORMAN R. BEAUDIN, C.L.U.

THE CANADIAN NURSES' Association Retirement Plan came into operation in November, 1958. Shortly after the distribution of the attractive and informative booklets to all members, application cards began to flow into National Office at a very encouraging rate clearly indicating that members of the Association were anxious to take advantage of this method of providing for security in later years. Any member who has not as yet secured a copy of the Retirement Plan booklet should contact **Miss M. Lorena McColl, Assistant Secretary, CNA, 270 Laurier Ave. West, Ottawa.**

In reviewing the application cards that have been received some errors were apparent. CNA members making application should pay special attention to the following points.

ALLOCATION OF CONTRIBUTION

The first $100 of the individual contributions *must* be directed to the insured fund. If the applicant wishes to make a contribution over and above the minimum $100 contribution a year she must indicate how she wishes to apportion the excess contribution. If she wishes she may direct that all her contributions will go into the *insured guaranteed fund*. If this is the case she should put in 100 per cent in the place indicated on the back of the application card. If she prefers to have her excess contribution over the first $100 a year directed to the *common stock fund*, she should put in 0 per cent in the indicated space. Should she choose to split her excess contribution between the insured fund and the common stock fund then she would indicate 50 per cent in the same required space.

To give an example: if a nurse earns $3,000 a year and she wishes to take advantage of the full 10 per cent of salary free from income tax then she would undertake to contribute $300 a year to the Plan. Since the first $100 must be directed to the insured fund, she would then have $200 a year to direct as she chooses to the insured fund or the common stock fund or both.

In the first year of membership she might elect to split her contributions equally between both funds. She would indicate this by filling in 50 per cent in the proper space on her application card. On receipt of her application card arrangements would be made to have her first $100 of contribution automatically directed to the insured fund along with an additional $100 of the yearly contribution. The remaining $100 would be directed to the common stock fund. In total, she would then have $200 going into the insured fund and $100 going into the common stock fund.

Performance figures of the two funds will be published from time to time. If the member elects to make changes in her allocations she may do so once a year at the beginning of each year.

BENEFICIARY ARRANGEMENTS

It is not necessary to name a specific beneficiary. An applicant may desire that the death proceeds be paid to her estate. If this is her wish she should write in the word "Estate" in the space provided on the front of the application card. If a specific person or persons is named as beneficiary, the relationship of the beneficiary should be shown along with the current address. Obviously, it is most important that changes in addresses should be reported to the CNA office as soon as possible. *Both* sides of the application card should be signed by the applicant, properly witnessed and dated.

BANK ARRANGEMENTS

The selection of the Bank of Montreal for contribution deposits to the Plan is very flexible. If a member already has an account with the Bank

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Mr. Beaudin is CNA Pension Committee Adviser with the National Life Insurance Company of Canada.

of Montreal in her area, she arranges to open a separate Retirement Savings Account with this same bank after she has received instructions and her C.N.A.R.P. certificate number from National Office. If she does not have an account with the Bank of Montreal, but there are one or more branches of the bank in her city or town, she will select the branch of her choice and arrange to open her special savings account.

Where a branch of the Bank of Montreal is not available the member will notify the CNA through the special form attached to her instruction letter and the CNA will arrange for a special Bank of Montreal account in Ottawa. Additional instructions will be given to the member as to how this particular account will operate.

TAX SAVINGS

In the case of applications received before December 31, 1958 whatever contributions were made to the plan prior to February 10, 1959, (providing a minimum of $100 was deposited) will be allowed for 1958 income tax purposes. Those members who apply for membership in 1959 will, of course, be able to claim their contributions as a reduction for 1959 income tax on the total of contributions made up until February 10, 1960.

Obviously, it is in the best interest of each applicant to register her application as soon as possible in 1959 in order to accumulate her maximum deductions up to 10 per cent of her earnings. It is also to her advantage to make her first $100 contribution as soon as possible.

It is interesting to note the tax savings involved through membership in the C.N.A.R.P. The accompanying table illustrates the amount of saving depending on the income category of each applicant.

Your CNA Retirement Plan is of great value to you! Join now! You can't make a better investment and also enjoy special tax savings.

Tax Savings by Contributing 10 Per Cent of Earnings to C.N.A.R.P.

Yearly Income	*Taxable Income*	*Contributions*	*Tax Savings*
$3,000	$2,000	$300	$51
$4,000	$3,000	$400	$76
$5,000	$4,000	$500	$85

Scope Broadened

Of special interest to nurses employed in some of the smaller organizations or services is a change in policy respecting Plan B of the CNA Retirement Plan. Heretofore, employer-employee contributions to Plan B were limited to nurses only. The following amendment to that pattern, approved by the Executive Committee of the CNA makes possible *the inclusion of all employees* in an organization in Plan B.

"That Plan B of the C.N.A. Retirement Plan be amended to allow the inclusion of other personnel in addition to registered nurses; and that such amendment should apply to doctors, hospitals, health organizations, nursing associations, or any other person or organization employing one or more members of the Canadian Nurses' Association."

. . . Whether we indulge in idle moments because some one says it's good for us or just because we like it, one thing is certain. Fifteen seconds of watching birds fluttering among the trees is fifteen minutes of time saved. Afterwards the troublesome memo, which twenty minutes of dogged conscientious effort has failed to produce, gets itself written in five minutes.

—*Canadian Welfare*

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The Adviser to Schools of Nursing

MARGUERITE E. SCHUMACHER, M.A.

BEFORE PROCEEDING to outline the functions and activities of the adviser to schools of nursing in Alberta, two questions come to mind. Where is the office of the adviser located? To whom is she responsible?

The office is attached to the University School of Nursing which is located in St. Joseph's College. The adviser is responsible to the University Committee on Nursing Education who in turn is responsible to the General Faculty Council.

What does she do? The functions seem to fall into three major categories:

1. Visiting schools of nursing and affiliating agencies.
2. Participating in projects or studies for the purpose of continually maintaining and improving the standards of nursing.
3. Keeping informed of the trends in nursing education and applying them as they are related to the needs of Alberta.

Let us break each area down and examine the details.

1. *Visits to the schools of nursing and affiliating agencies*: Since my appointment, 24 visits have been made to the 12 schools of nursing and their affiliating agencies. These visits have varied in length from one to five days depending on the size of the school or agency and the purpose of the visit.

Most of the first visits were for the purpose of an orientation to the existing programs in Alberta. These visits were usually short and no specific report was made. Visits made now, are done with two main purposes in mind:

1. To assist the faculty in evaluating the program as it relates to the philosophy and objectives of the school.
2. To ascertain that the school is meeting the minimum standards as outlined in Regulations Governing Schools of Nursing of Alberta.

During a visit what can the school expect from the adviser? She may help in bringing about a change that the school had contemplated but perhaps had rather hesitated to make. The adviser may stimulate interest in a specific activity. She may share information or suggest methods for carrying out a plan or a program. And finally, she may be able to interpret or clarify policies initiated by the university or other nursing groups. However, the adviser serves in an advisory capacity only, having no direct responsibility for carrying out plans or programs.

What procedures are followed during a visit? Minutes of the meetings of the student organization are reviewed. What the faculty involved in the educational program thought, and what they did and are doing can be traced in the minutes of the meetings. How much responsibility the student organization is assuming for student conduct and student activity, can also be seen through the minutes of their meetings.

Time is spent studying the school calendar, the master plan and subsidiary plans for the educational program, the course outlines and examinations. The educational policies are reviewed and a sampling of the student achievement records is examined.

The adviser attends nursing clinics, nursing classes, and committee meetings which are taking place at the time. Schools are requested not to arrange for special classes or clinics as it is the regular day-to-day activities which are important to observe.

The core of nursing is at the bedside. No matter how sound the educational program may seem to be on paper, or how progressive the methods of formal teaching might be, in the final analysis the student learns to become a nurse at the bedside of the patient. This, then, is the area which demands careful consideration and study.

Facts must be gathered regarding clinical facilities. The criteria for as-

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Miss Schumacher, who is Adviser to Schools of Nursing in Alberta, presented this paper at the convention of Associated Hospitals of Alberta last October.

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Most new babies require protection against annoying diaper rash. DIAPARENE in these three forms assures complete prevention and treatment night and day.

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*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950
Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955
Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

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sessing the adequacy of a clinical service for student experience will include:

Daily average number of patients
Variety of disease conditions
Acuteness of the illness treated in the service
Number of staff nurses
Number of other ward workers
Number of administrative personnel

Visits are made to the clinical areas. Conferences are held with the clinical instructors, supervisors, and head nurses. Nursing clinics are attended and the student program for that particular area is discussed with the clinical instructor.

During the whole period at the school, the adviser holds individual or group conferences with the administrative heads, the faculty members, the members of the nursing service staff, and the students.

Physical facilities and equipment are considered both in the school building and in the hospital. Adequate physical facilities must be provided to permit the achievement of the school's stated objectives.

A report is drafted and discussed with the director of nursing and associate director of education. Any member of the faculty or staff is welcome to attend the meeting if the director so desires.

Following this conference the report is finalized and submitted to the chairman of the University Committee on Nursing Education.

2. *The adviser's participation in projects or studies for the purpose of continually improving the standards of nursing*: Our main project is to evaluate and revise our policies and standards for schools of nursing in Alberta. This endeavor is being shared by the Alberta Association of Registered Nurses and the University Committee on Nursing Education.

> The kind of nurse we need today is one who is prepared, through general and professional education within the social structure of the community in which she lives, to share as a member of the health team in the care of the sick, the prevention of disease, and the promotion of health.[1]

To meet this challenge we must continually evaluate our nursing progress to determine whether our schools are producing graduates qualified to provide the services needed by the community. When we think of the community today we must think of it as not confined to the borders of Alberta, but to the world at large. In this era of hydrogen bombs, moon rockets, and missiles, it is imperative that our graduates be qualified to meet some of the needs of society beyond our provincial territory. It is hoped that as we are revising our curriculum other needs may be identified and other studies initiated.

Sound educational programs are costly. At first, hospitals opened schools of nursing as a means of providing nursing service to the patient, not realizing the added responsibilities they were assuming as educational institutions. Today, a hospital with a school of nursing realizes that this is a financial undertaking not to be considered lightly. In evaluating the cost of nursing education we must keep before us that the quality of education for nurses controls the kind of care our patients will receive tomorrow. What does it actually cost to educate a student to become a graduate nurse in the province of Alberta? The answer? We do not know.

Saskatchewan has done a cost study of basic nursing education programs in ten of their schools of nursing. The average yearly net cost found in the study varied from where there was a net profit on the student of over $300 per year to a net cost to the hospital of over $700 per year.

Saskatchewan found the cost study to be another tool to assist them in the improvement of nursing education. From the data it was possible to identify some of the areas of weakness in the educational program of the nursing student. It also showed whether or not the program of the school was offering a high standard of education and whether or not it was a practical operation in a financial sense.

The financial outlay for such a project for this province would be high

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[1] Records of the Working Conference on Nursing Education sponsored by the WHO, held in Geneva in March 1952.

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Model illustrated: "The Shirt-waister" with large practical pockets. Pearl-finished buttons easily removed.

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100% TERYLENE, sizes 12 - 20, **10.95**

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The perfect slip to wear under Reitman's pert uniforms . . . styled in crisp white cotton with all-around double skirt, guaranteed shadow-proof. Imported embroidered eyelet trim. Sizes 32 to 40 in proportionate lengths: Short (to 5'2") Average (to 5'4") Tall (over 5'5") **2.95** each

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but the results in terms of better care for the people of Alberta would more than offset the expenditure.

3. *The need to keep informed of the trends in nursing and nursing education in order to apply them to our situation*: It is by relating ourselves to others that we are assured of promoting and maintaining a high quality of service. This may be done in various ways including attending conferences, institutes, or workshops whenever the opportunity presents itself.

Lambertsen in her latest book *Education for Nursing Leadership* states that "the unique function of a profession is not static or defined narrowly in terms of activities. The broad generalization of professional function allows for expanding concepts of this function . . ."

This statement can well be applied to the functions and activities of the adviser. They cannot become static nor defined too narrowly but must be flexible enough to allow her freedom to meet the obligations of today and tomorrow.

A Mine for $5.00

Many Canadians affect a lofty scorn over the seeming ignorance of people in other countries regarding our land. Just how much does the average Canadian actually know about Canada? After spending many years in public and high school where they are introduced to Canadiana in various courses, one would suppose that nurses would have very considerable knowledge about their own country. Even a simple quiz program reveals the very opposite to be true.

Using the Canada Year Book, 1957-58 as our authentic source of information, our "mine for $5.00," we suggest that you answer the following questions to the best of your ability before you turn the pages and look up the answers, which are on page 346.

1. Which is the highest mountain in Canada? Mount Robson, Mount Waddington, Mount Logan, Mount Jacques Cartier.
2. What percentage of the land area of Canada is forested? 25%, 46%, 67%, 81%.
3. What percentage of the land area is classed as "occupied farm land"? 8%, 15%, 25%, 33%.
4. The first National Park was established at Banff in 1885. How many National Parks are there now? 10, 30, 60, 100?
5. The Senate has how many members? 72, 90, 102, 120.
6. We are all familiar with the National Film Board. Which Minister of the Crown is responsible for it? Citizenship and Immigration, Finance, Secretary of State, Trade and Commerce.
7. Of the 1248 graduate nurses who emigrated to Canada in 1956 what number went to your province?
8. Under the terms of the British North America Act, health and welfare is the special responsibility of the provinces. Nevertheless, the Federal Government is responsible for the health of certain groups. Can you name at least four of these groups?
9. The rates for family allowances for children were changed in 1957. What sums are now paid monthly in the different age groups?
10. Two provinces have organized their own provincial police forces. Which provinces are they?
11. The Unemployment Insurance Act came into operation in: 1924, 1933, 1941, 1946.
12. One organization has the sole right to issue paper money for circulation in Canada. Name the organization.

Those dozen questions could be added to by the hundreds. There is a comprehensive index that will assist in securing information on almost any aspect of Canadian life desired. All of this is available for only $5.00. Send a money order to the Queen's Printer, Ottawa, for your own copy.

There is something to be said for the strict regimen of hospitals — for if hospitals were made more comfortable, many patients might not make the necessary mental effort to get well and get home.

— S. J. Harris in *Chicago Daily News*

And here we were thinking all along that the constant lowering in the length of stay was due to new drugs and new and better procedures. — *Hospitals*

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Research in Nursing

A landmark in the history of the CNA was reached with the approval by the Executive Committee of the appointment of a permanent Research Committee. This seven-member committee composed of four nurses and three non-nurses will be headed by **Lola Wilson** of Regina, Director of the Study of the Aged and Long-Term Illness conducted by the Saskatchewan Provincial Department of Public Health.

The committee will review suggested research projects and will establish priorities and initiate research projects.

Non-nurse members of the committee will represent general education and social sciences.

Certain areas of needed research reviewed by the Ad Hoc Committee on Research have been delegated to the National Standing Committees.

The Committee on Nursing Service has been asked to —

1. Issue a statement of the problems in respect to the social needs of the nurse in both the urban and rural settings, including causes of turnover of nursing staff and of the loss of nurses to the profession and, where possible, make some suggestions as guides to agencies employing nurses for dealing with these problems; and further that two or three references to studies already completed, where simple methods for checking job satisfaction have been established, be noted to assist those who wish to evaluate their own situation.

2. Review the various studies of organized home care programs and seek out the implications for nursing in such plans.

The Committee on Nursing Education has been asked —

1. To set down

a) The general philosophy, aims and objectives for basic nursing education diploma programs

b) The basic concepts of nursing education

c) The guiding principles in curriculum development.

2. To study the question of correlation of the educational program for the preparation of licensed practical nurses (certified nursing assistants) and registered nurses and prepare a statement concerning its findings.

One of the tasks assigned to National Office is the setting up of a Nursing Research Index which will include information concerning nursing studies which have been completed or are presently underway.

Fact Finding Survey

The Committee on Nursing Education has been empowered to proceed with a Fact Finding Survey of the personnel providing instruction in schools of nursing. The purpose is:

1. To ascertain the extent to which all those charged directly or indirectly with the education of students are qualified both professionally and personally for their responsibilities as stated in Policy #4 — Statement of Policies Regarding Nursing Service and Nursing Education.

2. To make recommendations on the information acquired.

Curriculum Workshop

The next meeting of the CNA Committee on Nursing Education will be

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Charles E. Frosst & Co. MONTREAL, CANADA extended to include a workshop on the construction of a national guide for the development of nursing curricula. In preparation for this the provincial committees on nursing education will be asked to make a preliminary study based on an outline proposed by the National Committee.

Pilot Project Surveys Completed

Surveys of the 25 schools of nursing participating in the Pilot Project have been completed and the reports written. At present, these reports are being studied by the Board of Review members, who will meet in Ottawa, May 25-30, to evaluate these programs and to make recommendations. Following this there will be meetings of the Special Committee on the Pilot Project for Evaluation of Schools of Nursing and the Liaison Committee. By the late summer the final report on the Pilot Project should be completed.

Public Relations Activities

Approval by the Executive Committee of projects suggested by the Committee on Public Relations has been granted. During this biennium, public relations activities will include:

The preparation of a series of pamphlets designed for specific groups (parents, teachers, teen-age and elementary school children), these pamphlets to accompany the Speakers' Manual on Nursing which is presently under preparation.

Joint action with the committees on Nursing Service and Nursing Education in the preparation of a CNA Platform which will include a brief statement of the current plan of activity for each biennial period of the CNA.

Canadian Conference, University Schools of Nursing

Hazel Keeler, as Chairman of the CNA Committee on Nursing Education has been appointed ex-officio a member of the Canadian Conference University Schools of Nursing.

Membership Board of Review

We regret that in the February

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no need to TALK reducing diets
TALK

let the new KNOX REDUCING BROCHURE save your time for more essential tasks

Just a few moments is all it takes to outline a personal diet for patients with the KNOX Reducing Brochure. Color-coded diets of 1200, 1600 and 1800 calories are based on Food Exchanges[1]. . . eliminate calorie counting . . . promote accurate adjustment of caloric levels to the individual patient. New, personalized cover helps build patient acceptance for professional instructions.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

issue of *The Canadian Nurse* the name of Dr. W. Douglas Piercey, Executive Director of the Canadian Hospital Association, was omitted from the list of members. Dr. Piercey is representing his Association on this Board.

Le Nursing à travers le pays

La recherche en nursing

Un événement marquant dans l'histoire de l'Association des Infirmières Canadiennes l'enrichit d'un nouveau chapitre: "La recherche en nursing." Le Comité exécutif vient de donner son approbation à la formation d'un Comité de recherche composé de sept membres dont trois infirmières, sous la présidence de Mlle Lola Wilson, de Régina. Cette dernière a récemment dirigé une étude sur "Les personnes âgées et les malades chroniques," entreprise par le Ministère de la Santé de la province de Saskatchewan.

Le comité étudiera les projets de recherche qui lui seront soumis, les classera selon leur importance et en dirigera l'exécution.

Les quatre membres du comité qui ne sont pas de la profession d'infirmière, y représentent les domaines de l'éducation générale et des sciences sociales.

Certains domaines où la recherche s'impose ont été étudiés par le comité provisoire de recherche, et portés à l'attention du Comité national permanent.

Le Comité du service d'infirmières a été prié de:

1. Rédiger un mémoire sur les problèmes sociaux se rapportant à l'infirmière dans les centres urbains et les régions rurales; entre autres, le roulement des infirmières dans les personnels et le retrait d'infirmières des rangs de la profession. Possiblement aussi, apporter des suggestions susceptibles de guider les employeurs qui ont à faire face à ces problèmes. Indi-

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YOUR CHECK-UP CHART
special reducing diet

Note personal chart to be filled in by physician and patient. Serves as constant reminder to patient to persist with diet.

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quer pour références des méthodes simples d'évaluations déjà faites, et de satisfaction au travail, afin d'aider ceux qui désireraient faire une telle évaluation dans leur propre établissement.

2. Examiner les différentes études poursuivies sur les programmes de soins à domicile et leur répercussion sur la profession d'infirmière.

Au Comité de l'éducation en nursing on a demandé :

1. D'établir :
   a) La philosophie générale, le but et les objectifs du cours de base conduisant au diplôme d'infirmière ;
   b) Les concepts de base de l'éducation en nursing ;
   c) Les principes qui doivent guider l'élaboration du programme d'études.
2. D'étudier la question de la corrélation entre le programme d'études servant à la préparation de l'auxiliaire certifiée en nursing, celui de l'infirmière professionnelle, et de rédiger un rapport des résultats de cette étude.

Une des tâches qui a été confiée au Secrétariat national est celle de préparer un catalogue des recherches en nursing, lequel contiendra les renseignements sur les études déjà faites ou en cours.

Relations extérieures

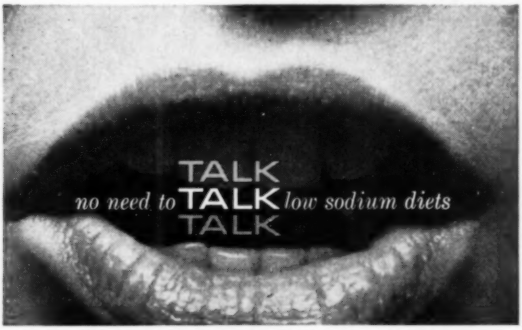
Le Comité exécutif a approuvé les projets recommandés par le Comité des relations extérieures. Au cours des deux prochaines années, ce comité s'occupera de préparer une série de fascicules destinés à différents groupes (parents, éducateurs, adolescents, élèves des cours élémentaires), et qui seront ajoutés au Manuel des conférencières en nursing actuellement en voie de préparation.

Conjointement avec le Comité du service d'infirmières et celui de l'éducation en nursing, le Comité des relations extérieures rédigera un programme des activités courantes de chaque période biennalle de l'A.I.C.

Relevé des faits

Le Comité de l'éducation en nursing a été autorisé à commencer des enquêtes sur la situation du personnel enseignant dans les écoles d'infirmières. Le but de cette enquête est de :

1. S'assurer que les personnes chargées di-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no need to TALK low sodium diets
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let the new KNOX LOW SALT BROCHURE save your time for even more essential tasks

Recent clinical research emphasizes the growing usefulness of low sodium diets in a number of critical conditions. You can save much time and repetitious talk by suggesting the new Knox Low Salt Brochure for all patients needing the benefits of a low sodium intake. Diets are based on Food Exchanges[1] and can be easily individualized by selecting one of three caloric levels—1200, 1800 and unrestricted—and by arranging sodium intake at levels of 250, 500 or 1,000 milligrams per day. Separate bibliography of 53 late references available on request.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

rectement ou indirectement de l'enseignement aux étudiantes possèdent la personnalité et la préparation nécessaires pour s'acquitter de leurs responsabilités, tel qu'il est défini dans le dépliant "Politique concernant l'éducation des infirmières (4)."

2. Faire les recommandations nécessaires, d'après les informations recueillies.

Séance d'études sur le curriculum

La prochaine réunion du Comité de l'éducation en nursing de l'A.I.C. comprendra une séance d'étude portant sur la préparation d'un guide national pour l'élaboration de programmes d'études. Afin de se préparer à cette tâche, l'on demandera aux comités provinciaux d'éducation, de faire une étude préliminaire d'après un plan proposé à cette fin par le comité national.

Conférence canadienne des écoles universitaires d'infirmières

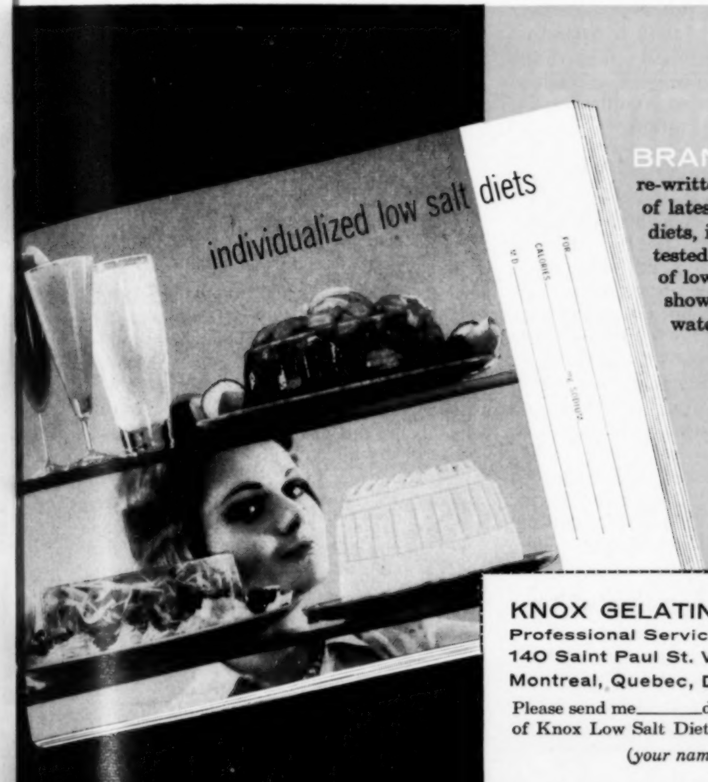
Mlle Hazel Keeler, convocatrice du Comité de l'éducation en nursing de l'A.I.C., a été nommée, à ce titre, membre ex-officio de la conférence canadienne des écoles universitaires d'infirmières.

Projet d'accréditation

La visite des vingt-cinq écoles participant au projet d'accréditation est terminée, et les rapports en ont été rédigés. Ces rapports sont actuellement étudiés par le Comité de revision qui doit se réunir à Ottawa du 25 au 30 mai, pour procéder à l'évaluation de ces programmes, et apporter les recommandations pertinentes. A la suite de cette réunion, le comité spécial du projet d'accréditation, chargé de l'évaluation des écoles, et le Comité de liaison se réuniront. A la fin de l'été, le rapport final du projet d'accréditation devrait être terminé.

Membre du comité de revision

Nous regrettons d'avoir omis le nom du Dr. W. Douglas Piercy comme membre du Comité de revision; il est le directeur de l'Association canadienne des hôpitaux dont il sera de représentant auprès du comité.



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re-written cover to cover, 40 pages of latest information on low sodium diets, including 15 pages of kitchen tested recipes, list of manufacturers of low sodium foods and table showing sodium content of drinking water in major U. S. cities.

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The Male Potential

Reginald S. Bentley, R.N.

Overcrowded as the labor market may often be, this has seldom, if ever, been the case in the nursing profession. Indeed, in all countries where nurses are trained and a recognized professional status is attainable, the reverse is usually the case. Why should this be? Nursing is a very honorable profession looked upon with respect the world over.

There are two possible reasons: It is necessary to recognize the fact that, although nursing offers many rewards, it also presents many discomforts. The number of people who feel sufficient compassion towards their fellow humans to dedicate their whole lives towards caring for them when sick, are limited. What are some of the discomforts associated with the care of the sick? We have shift work. We have work during public holidays. We have unpleasant physical details to attend to. We have work which is often hard and tiring. All these, however, are unalterable factors. No nurse would wish for people to enter the nursing profession who were unwilling to accept such discomforts readily and cheerfully as an integral part of their work.

Then we have an economic factor. We must recognize the fact that although some progress has been made in recent years with respect to general working conditions, not enough change has been made in the wages paid. On the other hand a great deal of progress has been made in other fields of employment in general working conditions and salary increases. This factor is not unalterable.

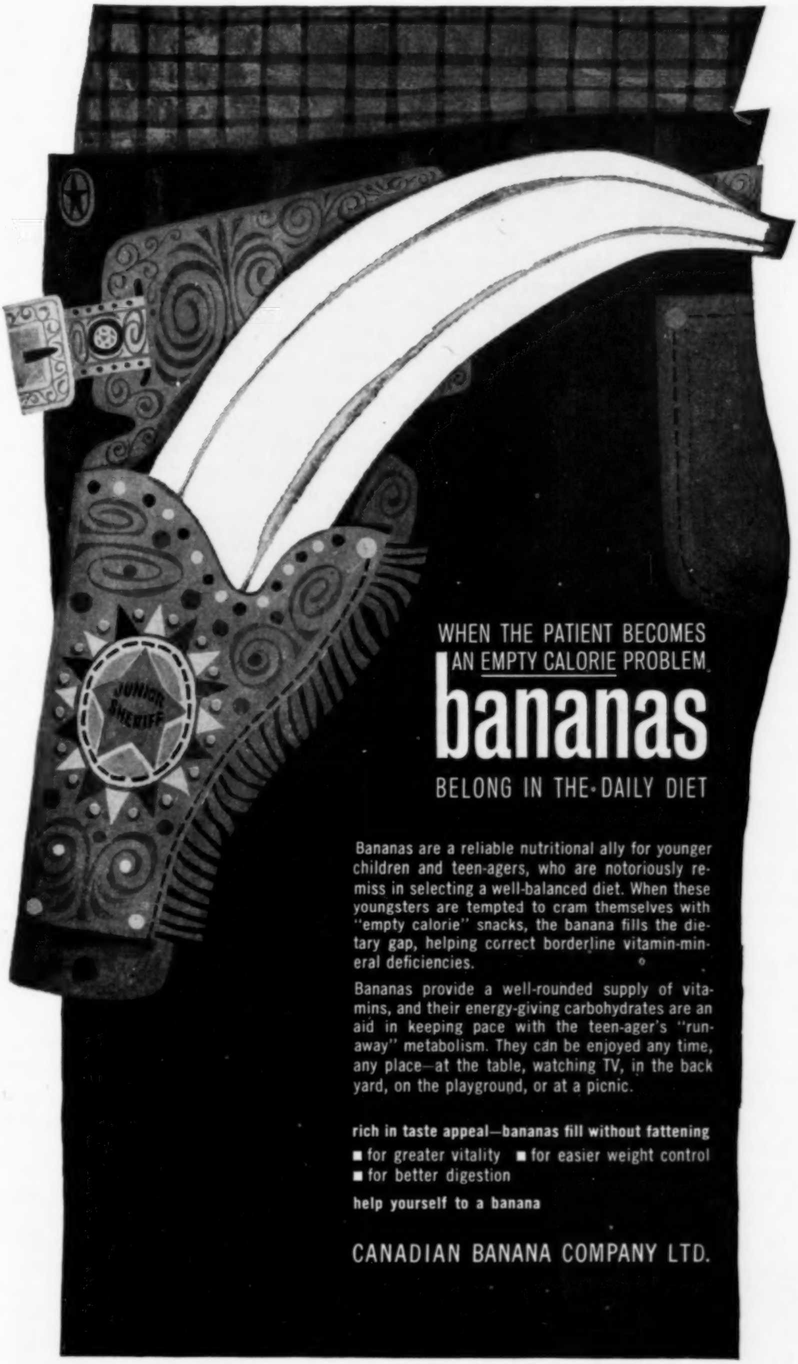
I have heard many arguments put forward in the past to justify the low salary paid to the nurse in training. One of these arguments hinges on the statement that due to the low salary paid to the nurse in training, only the finest types are attracted to the profession. This may basically be true. An altruistic outlook is certainly necessary in anyone intending to work for three years on a students' salary. However, the same people who are registered nurses now, would still be registered nurses had they been paid $50 per month in addition to their room and board while in training instead of the $8 or $10 they are being paid at the present time. Many other girls from poorer homes, poorer in the financial sense that is, would also have been able to enter training. They were deprived of this training because they could not afford to undertake it, having in many cases to help support their families at an early age after having left school.

This brings me now to an almost completely neglected source of, quite literally, manpower. Why is it that in Canada with a population of approximately 17,000,000, we have only 140 men registered as nurses, the majority of these having been trained in Europe. In England, with a population of approximately 50,000,000, there are presently 6,823 registered male nurses and 10,176 registered male mental nurses. There is some duplication here, since some male nurses have had both general and psychiatric training.

The reason for the insignificant number of male nurses in Canada is not hard to find. We have once more a very definite financial problem involved. Most men, who would be likely to enter training as male nurses, must of necessity be largely self-supporting by the time they reach the age of 19 or 20. This they could hardly be on $10 per month. Apart from this, the general public has not yet been educated to the idea of the male as a nurse. Why is this the case? Largely, because the registered nurses associations and the general hospitals do not actively desire or encourage men to enter training.

Mr. Bentley, is supervisor attendant at the Provincial Training School, Red Deer, Alta.

I would like to acknowledge the assistance of Miss Lillian Campion, Nursing Service Secretary, and Mr. Ronald Nears SRN, RMN, chief male nurse, Wadsley Mental Hospital, England for the figures relevant to this article.



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Bananas are a reliable nutritional ally for younger children and teen-agers, who are notoriously remiss in selecting a well-balanced diet. When these youngsters are tempted to cram themselves with "empty calorie" snacks, the banana fills the dietary gap, helping correct borderline vitamin-mineral deficiencies.

Bananas provide a well-rounded supply of vitamins, and their energy-giving carbohydrates are an aid in keeping pace with the teen-ager's "runaway" metabolism. They can be enjoyed any time, any place—at the table, watching TV, in the back yard, on the playground, or at a picnic.

rich in taste appeal—bananas fill without fattening

- for greater vitality
- for easier weight control
- for better digestion

help yourself to a banana

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In England not very many years ago, a certain hospital steadfastly refused to accept men as student nurses, in spite of the fact that a large number of hospitals were readily accepting men into training and finding them satisfactory. After repeated questioning as to the reason for refusal to accept men, the only one advanced was inadequate bathroom facilities.

According to recent figures, there are only 28 schools of nursing in Canada that have signified their willingness to consider male applicants for nursing. This figure speaks for itself. No doubt the number would increase once some impetus was given to the recruitment of men and it became known that men were beginning to come forward as applicants.

In England, before gaining recognition, the men — the pioneers of their day — had a long and sometimes bitter fight with the senior lady members of the nursing profession. These ladies wanted no part of any man entering what had been regarded for many years as "holy feminine ground." We find a man's name being entered on the General Register for the first time in 1922. Progress was slow for some time but in the later '30's momentum was gained. In most quarters now, they are well thought of and, in general, have acquired a reputation for gaining high marks and continuing to maintain a high standard of proficiency throughout their nursing career. The word "career" is important when dealing with the factor of the male in the nursing world — he usually makes a career of nursing. His outlook towards nursing is not bounded by the horizon of marriage. The male nurse provides an unusually stable labor force in a profession notable for its high turnover.

If the question, "Does the Canadian nursing profession desire to have men enter training?" is answered in the affirmative, we must next try to find ways and means of stimulating interest and encouraging recruitment. The provincial nurses' associations must be prepared to demand that higher wages be paid to nurses in training. Widespread publicity must be given to the idea of the male as a nurse. As a beginning, encouragement might be given to the present group of male psychiatric nurses. This group of men must have among them a nucleus willing and indeed anxious to take their training as general nurses, if this was made financially possible.

I would like to see the day come when *all* nurses in general hospitals would automatically, as part of their training, spend a few months in an accredited mental hospital or mental deficiency institution. Without this experience a nurse's education is incomplete. Similarly, integrated training could be carried out whereby male and female aides who work in psychiatric hospitals and institutions for the mentally defective and who wish to specialize in this type of work, could spend a few months in a general hospital. The experience would be mutually beneficial. Once this program was operative, the resultant publicity and gradual acceptance of the man's role in the nursing world would lead to an ever increasing number of men wishing to enter general training and a consequent easing of the perennial problem of the shortage of nurses.

Answers to questions found on page 336.

1. Mount Logan in the Yukon: 19,850 feet.

2. 46% — estimated by the Forestry Branch of the Dept. of Northern Affairs and Natural Resources.

3. 8%.

4. 30 in 1956.

5. 102 following the admission of Newfoundland to Confederation in 1949.

6. Minister of Citizenship and Immigration.

7. Alberta 65, British Columbia 114, Manitoba 51, New Brunswick 11, Newfoundland 21, Nova Scotia 15, Ontario 775, Prince Edward Is. 0, Quebec 173, Saskatchewan 19, not specified 4. No male nurses came to Canada that year.

8. War veterans, members of the Armed Forces, newly arrived immigrants, Indians, Eskimos, lepers.

9. For each child under 10 years — $6.00. For children over 10 but under 16 years — $8.00.

10. Ontario and Quebec.

11. July 1, 1941.

12. The Bank of Canada.

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A New Treatment for Brittle Nails

CLAIRE HALLIDAY

PERSONS WHOSE FINGERNAILS are splitting or peeling, break easily or have hard ridges, may cure this condition by taking powdered gelatin, an envelope of it every day. Gelatin is a harmless household protein; it is tasteless and is not unpleasant if taken in fruit juice. It may have to be taken for four or five months, but often the nails respond before this.

Four different groups of physicians have experimented with this form of treatment and all have found it successful. However, the first few reports were made on groups of patients who were being treated for conditions other than fragile nails and it was thought that their illness might have caused the nail splitting. When their general health improved, the condition of their nails also improved.

Because of this lack of clear-cut evidence, two doctors at New York Medical College decided to try the gelatin test with a group of nurses and nurses' aides who worked in the Metropolitan Hospital. Twenty were chosen who were approximately the same age and state of health, with no obvious dietary deficiency, who ate at least one meal at the hospital, who used their hands frequently in detergents and antiseptics, and who all had some nail defect — brittleness, splitting, softness, or ridging. No change was made in their working habits or diet. They were to take the contents of an envelope containing 7.5 grams of gelatin daily, dissolved in any liquid they preferred. They continued to use nail polish if they were accustomed to it. Color photographs were taken before the treatment began, six or eight weeks after, and at the end of the test.

Of 18 young women who took the gelatin for 11 to 16 weeks, 11 showed good to excellent results. Four more had moderately good results. Others might have had good results if they had persevered.

None of the doctors knows definitely why taking gelatin frequently overcomes nail defects. It is true that gelatin contains a very high proportion of the amino acids of which protein is made. Moreover, these particular amino acids are of the type, scientists say, that induce "specific dynamic action." After each dose of gelatin, the flow of blood to the extremities is increased for a period of seven hours. This raises the temperature in the toes and fingers some 20 per cent above their usual level. Doctors have found that cold hands and feet were much improved when this substance was taken every day.

Some doctors believe that the nail defects may be due to a local type of malnutrition which results in chronic anemia in the nail beds. If, through the action of the amino acids in the gelatin, the finger tips and nail beds are fed an increased amount of warm blood for seven hours each day, the nails cannot help but benefit from the added nourishment they receive. This seems a reasonable theory, and in the majority of cases the persistent use of this simple ingredient of puddings and jellies does improve the nail's strength and texture.

The Canadian Association of Optometrists has organized Canadian Optometric Services Incorporated to provide comprehensive vision care, at reasonable cost, to organized groups or associations from coast to coast. The cost of the plans will vary depending on the extent and type of coverage but a basic plan providing complete services and ophthalmic materials will be between 65-80 cents per person or $1.95 to $2.10 per month for a family.

— Canadian Optometric Services, Inc.

* * *

A group optometric service plan will likely be operating in Saskatchewan within six months. Details of the plan were given to the province's optometrists at the golden jubilee convention held in Regina.

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A New Orthopedic Brace

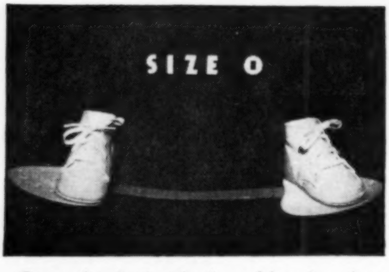
WILLIAM R. GRAYDON

A STURDY, HIGHLY-ADJUSTABLE BRACE, devised by a young Air Force electrical engineer, is creating interest in orthopedic circles due to its economy and simplicity.

"Ortho-Aide," was developed by Lieutenant Robert Rogers, United States Air Force, a project administrator in ballistics missile work, to correct his small daughter's congenital foot abduction. It is designed to correct infant knock-knee, bowlegs, clubfoot, and allied cases of foot and leg malposition.

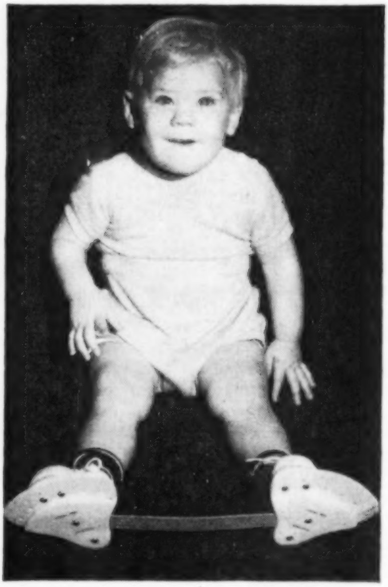
The "Ortho-Aide" has three major components — an aluminum crosspiece and two slotted plastic frames secured to each other by means of stainless steel machine screws. In addition to holes for permanent heel-to-heel adjustment, each frame has five positions to which the shoe may be fastened solidly, providing a potential angle adjustment of plus or minus 75°.

It affords several specific advantages. Besides the unique adjusting feature, the "Ortho-Aide" comes equipped with lightweight children's shoes up to size 8 — a vital factor in providing greater comfort. By eliminating the need for clamps, straps, and heavy shoes, this device also obviates costly, special fittings of orthopedic appliances.



Once the heel-to-heel position has been prescribed, positioning the shoes to the desired inward or outward angle becomes simple. Since only five possible positions are allowed for fastening each shoe, the correct angle may be remembered easily by parents whenever temporary shoe removal is desirable. The aluminum crosspiece may be bent to any required shape by the attending physician.

The brace has another practical advantage. Although designed primarily as a lightweight night splint for use in crib or playpen, it is sturdy enough to support the weight of a child as she stands or makes her way across a room.



The device is not a cure-all for every type of infant foot and leg deformity, but it appears to incorporate several advantages over earlier equipment. The "Ortho-Aide" already is in limited production. Additional information may be secured by writing to Lt. Robert Rogers, USAF, 742 East Hyde Park Blvd., Inglewood 3, California.

Canada's natural increase in population during 1958 — excess of births over deaths — amounted to about one-third of a million. Fewer people migrated to the country — about 50,000 as compared to 200,000 in 1957. The increase in population since the 1951 census has averaged 2.8 per cent annually.
— Metropolitan Information Service.

* * *

If you keep a thing seven years, you are sure to find a use for it.
— SIR WALTER SCOTT

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By Norman F. Miller, M.D., Professor of Obstetrics and Gynecology, University of Michigan Medical School; and Hazel Avery, A.B., R.N., Associate Professor of Nursing and Supervisor, Obstetrics and Gynecologic Nursing, University of Michigan Hospital. 501 pages with 249 illustrations. $5.50. *New (4th) Edition!*

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Provincial Roundup

THE EXECUTIVE COMMITTEE of the Canadian Nurses' Association met February 12-14, 1959 at the beautiful Seigniory Club, Montebello, P.Q. The report of the general secretary M. P. Stiver reviewed the activities of National Office for the months that have elapsed since the General Meeting, June 1958 and indicated some of the major projects for the future.

It is of special interest to note that, as of December 31, 1958 the total membership of the CNA had reached 52,777. This represented a 7 per cent increase over 1957.

National Office has already initiated planning for the 1960 General Meeting in Halifax. Reservations have been made at the Hotel Nova Scotian; post-convention tours are to be planned, and suggestions for the program taken from the 1958 evaluation records are being considered.

At the provincial level, there is a variety of activity as the following summary will indicate.

ALBERTA

1. Has decided to initiate con-joint examinations for its nursing students. According to the plan, which will become effective in August, 1959, the nurse can neither graduate from her school of nursing nor obtain provincial registration until she has passed the examinations successfully.

It is hoped by this means that the student who must write a supplemental will do so while benefitting from organized study since she must remain in her school of nursing, on salary, until the examination has been passed. Failure in a supplemental beyond three times will mean that the student will revert to the nursing assistant category.

2. Took possession of their new office building. (See *The Canadian Nurse*, February, 1959.)

3. Revised the provincial bylaws to permit an invitation to each chapter president (or another elected officer) to attend at least one executive meeting annually without voting power.

4. Apointed a full-time nurse recruitment officer to visit schools, attend P.T.A. meetings, confer with student counsellors etc.

5. Went on record as supporting any satisfactory program that would offer assistance and encourage individuals to study rehabilitation care either within the province or elsewhere.

BRITISH COLUMBIA

1. Held a conference on nursing that implemented, in part, a recommendation arising from the Canadian Conference on Nursing concerning the need to "improve liaison on local, provincial and national levels."

2. Prepared a course outline for instruction of nurses in intravenous therapy. This has already been incorporated into the programs of some schools.

3. Is preparing a brief for submission to the B.C. Royal Commission on Education pertinent to the level of student achievement in certain subjects of the high school program, degree of student responsibility shown by high school graduates and the adequacy of high school counselling and guidance services.

4. Has planned a study of the courses in nutrition and diet therapy presently given in schools of nursing.

MANITOBA

1. Appointed a representative to The Manitoba Hospitals' Council.

2. Is preparing information kits for student counsellors and speakers on nursing.

3. Carried out a provincial program of evaluation of schools of nursing based on the Policies and Standards for Schools of Nursing in Manitoba.

4. Has assisted in sponsoring or been directly responsible for programs designed to assist both active and inactive nurses. One project is an annual institute for the directors of nursing in the rural hospitals planned in cooperation with the Schools of Nursing Education, University of Manitoba and the Advisory Council for Licensed Practical Nurses.

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the qualifications, training and registration of nursing assistants inserted into the Nurses' Act and passed. Registration of nursing assistants is expected to be in force very shortly.

2. Organized a Student Nurses' Association.

3. Nominated a representative to the Hospital Services' Council.

NEWFOUNDLAND

1. Is studying the possibility of organizing a Student Nurses' Association.

2. Is reviewing its Recommended Personnel Policies.

3. Has planned a refresher course to be held this spring and conducted an institute early in the year.

NOVA SCOTIA

1. Increased the fee for writing State Board Test Pool examinations from $10 to $15.

2. Completed "Regulations and Recommendations for Approved Schools of Nursing in Nova Scotia" and a proposed outline for tuberculosis nursing experience with a view to reducing the clinical experience as required by Statute from two months to one month's duration.

3. Requested increased residence facilities at the Nova Scotia Hospital, Dartmouth to permit psychiatric experience for all student nurses.

4. Requested the appointment of a nurse representative to the Hospital Services Commission.

5. Arranged for a joint meeting of the Committee on Nursing Education and directors of nursing and instructors for discussion of mutual problems. Such meetings are to be held at regular intervals.

ONTARIO

1. Secured amendments to the Regulations under the Nurses' Registration Act which, among other things, made science a requirement for applicants to schools of nursing from outside the province as well as for Ontario students. The Board of Directors was empowered to require evidence of competence before renewal of registration after a ten-year lapse.

2. Carried out a comprehensive study of registration examinations to determine the type most suitable for the province.

3. Arranged for a study of professional nursing registries for the purpose of assessing services rendered, structure and operation.

4. Appointed an Advisory Committee on Conferences to study RNAO responsibility in conference planning, developing liaison with other groups, etc.

5. Formed a joint committee of RNAO representatives and certified nursing assistant representatives to pave the way toward formation of the Association of Certified Nursing Assistants of Ontario.

PRINCE EDWARD ISLAND

1. Has begun to take steps in the formation of a Student Nurses' Association.

2. Initiated a psychiatric affiliation program for the nursing students.

3. Began formulation of criteria for approved schools of nursing in the province.

4. Began the study and revision of registration policies.

5. Has taken the Nursing Assistants' Act under consideration with a view to implementation.

QUEBEC

1. Adopted the State Board Test Pool examinations for English graduates for a trial period beginning in April, 1959.

2. Has started to study the question of changing legislation to include male nurses and nursing assistants.

SASKATCHEWAN

1. Purchased a site and arranged for the erection of their own office building.

2. Published "A Guide for Planning In-Service Education."

3. Began outlining the functions of the operating room supervisor.

4. Undertook a project to increase interest in and attendance at annual provincial meetings.

5. Held the first annual convention of the Saskatchewan Nursing Assistants' Association.

The only people who never fail are those who never try. — *English Digest*

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The Nurse's Life

(As Mirrored in Shakespeare)

JESSICA MUNRO

On Arrival:	"Oh, call back yesterday."	(Richard II)
First Morning:	"Have I not reason to look pale?"	(Richard II)
Donning Uniform:	"Dressed in a little brief authority."	(Measure for Measure)
Early Mornings:	"Oh, thou hast damnable iteration."	(Henry IV)
Training School:	"What is the end of study? Let me know."	(Love's Labour Lost)
Ward Duties:	"Nay, make haste; the better foot before."	(King John)
Head Nurse:	"The lady doth protest too much, methinks."	(Hamlet)
The Patient:	". . . cannot tell what the dickens his name is."	(Merry Wives of Windsor)
Assistant Head Nurse:	"Oh, she misused me past the endurance of a block."	(Much Ado About Nothing)
The Difficult Patient:	"And then I stole all courtesy from heaven and dressed myself in such humility."	(Henry IV)
Lectures:	"Have you the lion's part written? Pray you, if it be, give it me, for I am slow of study."	Midsummer Night's Dream)
Consultants' Rounds:	". . . whose words all ears took captive."	(All's Well that Ends Well)
Calculating Dosages:	"Some God direct my judgment, let me see, I will survey the inscription."	(Merchant of Venice)
Directors:	"High stomached are they, and full of ire."	(Richard II)
Breakages:	"Thou art pinch'd for it now."	(The Tempest)
Change of Floors:	"Why, courage, then! What cannot be avoided " 'Twere childish weakness to lament or fear."	(Henry VI)
Emergency:	"Here's the smell of blood still."	(Macbeth)
Examinations:	"Neither rhyme nor reason."	(As You Like It)
Operating Room:	"Oh, pardon me, thou bleeding piece of earth, that I am meek and gentle with these butchers."	(Julius Ceasar)
Nurses' Nightmares:	"Oh, I have passed a miserable night, so full of ugly sights, of ghastly dreams."	(Richard III)
Teaching Instructors:	"Have more than thou showest, speak less than thou knowest."	(King Lear)
Pay Day:	"I did dream of money bags tonight."	(Merchant of Venice)
Day Off:	"O Romeo, Romeo! Wherefore art thou, Romeo?"	(Romeo and Juliet)
Director's Office:	"Still have I borne it with a patient shrug for sufferance is the badge of all our trive."	(Merchant of Venice)
Final Examinations:	". . . the end crowns all."	(Troilus and Cressida)
Future Posts:	"How shall I know if I do choose the right?"	(Merchant of Venice)

Miss Jessica Munro is evening supervisor at New Mount Sinai Hospital, Toronto.

We do not want you to be the echoers of a thousand platitudes but originators of new and larger ideas. The primary office of knowledge is to make men alive, to send them out alive at more points, alive on higher levels, alive in more effective ways. An education is not just a matter of having more information than your neighbour possesses; it is not to increase the ability to sell your efforts at a higher figure than unlearned men do. The main purpose of education is to make you a thinker, to make you a creator, with an enlarged capacity for life.

— SIR ARTHUR CURRIE

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ENGLISH OR FRENCH?

Everyone is aware by now of the fact that two separate issues of our *Journal* will be published each month commencing with the June, 1959 number. This important milestone in the history of the nursing profession in Canada will be marked by several changes. A smart new cover design for both issues has been approved. We are departing from the dark blue color on the cover that has identified our *Journal* for the past 20 years.

Arrangements have been made respecting publication dates. *The Canadian Nurse,* as the senior issue, takes precedence. It will come from the press at the beginning of the month. *L'Infirmière Canadienne* will follow in approximately ten days.

Currently, the separate mailing list for those who desire to receive the French issue is being built up. The A.N.P.Q. is helping us very materially by indicating with an asterisk those of its members who are English and who will, therefore, be put on the mailing list for *The Canadian Nurse.* All other subscribers in the province of Quebec will automatically be placed on the list of those who will receive the French issue. Any among the latter group who wish to receive the English issue instead are requested to notify the Journal office in writing before *April 15, 1959.* Please give us your registration number as well as your full name and address to avoid the possibility of errors.

Similarly, *L'Infirmière Canadienne* will be available to any subscriber who wishes to receive the Journal in French. All that will be necessary is to notify us in writing, again giving the essential information for identification purposes: Your name, address, province of registration and registration number.

Of course, changes can be made later at any time. But every nurse who wishes to make a change in the above-mentioned listing must notify us by **April 15, 1959** if she wishes to receive the June issue.

Such changes will only be made when they are requested in writing. The address to which all of these letters should be sent is:

The Canadian Nurse Journal,
1522 Sherbrooke Street West,
Montreal 25, Quebec.

Book Reviews

The Nursing of Mental Defectives by Charles H. Hallas, S.R.N., R.M.N., R.N. M.D., S.T.D. (Lond.) 182 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto 2. 1958. Price $3.60.

Reviewed by Miss V. M. Sanders, Supt. of Nursing, The Woodlands School, Vancouver.

In reviewing the text, I am in complete agreement with the statement made by the author that there has been an absence of a suitable textbook on the nursing of mental defectives.

The book contains up-to-date, practical methods and ideas of care. The author has written simply and clearly.

The text in certain areas pertains particularly to schools for the retarded in England. The slight difference of view points is in relation to aspects of mental deficiency, education and rehabilitation.

Chapter 3 outlines briefly and in simplified form the clinical varieties of mental deficiency. This is of great value to graduate nurses, postgraduate students and student nurses. Attention is focused on the patient-staff relationship involved on admission. All aspects regarding the education of the mental defective are explained in detail. Keynotes to success are patience, tolerance, reasonableness, fairness and consistency on the part of the nurse.

It is the aim now in most mental defective schools to grade the patients according to their mental and physical ability. Chapter 10 covers this subject comprehensively.

The psychology of the growing child and his emotional needs are studied. It is important that the nurse for the mentally defective child should have an understanding of a normal child's psychological needs, she must realize that the same needs are experienced by her patient and play the same important part in his psychological development. The book shows how these needs can be handled constructively and sympathetically by the staff caring for these children. The

(Continued on page 360)

In the Good Old Days

(*The Canadian Nurse* — April, 1919)

The London *Daily Mail* has offered a prize of £10,000 for the first trans-Atlantic air flight.

* * *

French military authorities have in custody a man named Krein who is said to have had a part in the tragedy of Edith Cavell's death. He was in jail at St. Quentin at the beginning of the war and was released by the Germans. He went to Brussels where he entered Miss Cavell's hospital service and helped to work up the case against her.

* * *

A writer in the *British Medical Journal* strongly condemns the use of heels on boots as causing flat feet, soldier's heart, myalgia, hammer toes, sprained ankles, asthma and varicose veins.

* * *

The application of narrow strips of adhesive plaster directly to wounds was advocated. Under this pressure, constriction and protection, without any antiseptic, the wound heals quickly. Extensive bed sores have done well under this treatment.

* * *

Speaking to the Ontario Graduate Nurses' Association, Dr. Norman H. Beal said: "It may be stated without fear of contradiction that the ideal of Service has been vindicated as the highest standard by which human endeavor may be tested. Your service must be somewhat controlled by the motive which prompted you to enter nursing. If you entered it solely as a means of making a living, you are only driving a trade, not practising a profession."

The alumnae association of Moose Jaw Union Hospital is holding a reunion May 15-18 to celebrate its 50th anniversary. An invitation is extended to all graduates of the school to participate in the festivities.

* * *

Forty-one per cent of the population of Canada may be regarded as having normal vision. Of the 59 per cent with a visual anomaly, 30 per cent are receiving adequate care, 14 per cent have uncorrected problems, 10 per cent are laboring under obsolete or improper corrections and 5 per cent have irremediable conditions.

— Canadian Optometric Services, Inc.

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increasing concern for today's nurse to have a better understanding of her patient as an individual is reflected throughout this edition.

The Psychology of Early Childhood by Catherine Landreth. 412 pages. McClelland and Stewart Limited, 25 Hollinger Road, Toronto 16. 1958. Price $6.50.

Reviewed by Sister Mary Dolora, Pediatric Supervisor, St. Joseph's Hospital, Victoria, B.C.

This book was written primarily for students interested in child psychology as a basic science and as a guide to action. Dr. Landreth has succeeded beautifully in fulfilling her objective. The text should prove invaluable and should receive a warm welcome by all those whose work necessitates a knowledge of and insight into the complex and often mystifying "whys" and "wherefores" of a child's behavior.

The field of child psychology is relatively young. It will appreciate this well-organized and comprehensive book as an orderly review of the important research on the behavior of young children. Each chapter is preceded by pertinent questions relevant to the material which stimulate interest and guide the reader in his thinking. The volume begins with a short description of the origins of child psychology and then goes into an enlightening study of what is known about the development of behavior in children up to the age of six years. All aspects of behavior are covered and practical and timely suggestions for influencing it are offered.

The subject is handled with much wisdom and common sense by the author. The material is delightfully and systematically presented. The chapters are complete, concise, weighty and to the point. The chapter on "Prenatal Origins of Behavior" is especially informative and nicely illustrated. Illustrations bring important points into relief. There is a wealth of material in this book that Dr. Landreth has gathered both from experience and research. Everyone who deals with children professionally should include it on their reading list and should try to add it to their library for easy, ready reference.

Nutrition Manual for Nurses by Alberta Dent Shackleton. 212 pages. Edwards Brothers, Inc., Ann Arbor, Michigan. Revised edition. 1957. Price $3.75.

Reviewed by Miss Doreen Johnson, Dietitian in Charge, General Hospital, Brantford.

This manual presents a very interesting, complete and up-to-date outline of the nutrition courses given to the student nurses of today. Both lecturer and student will find it of great value. It succeeds admirably in its attempt to present nutrition training along the lines of a "patient-centered" type of learning. Greater emphasis is placed on the patient's background as a member of a community and in learning about and taking into consideration his economic, sociologic and psychologic problems.

The basic or normal nutrition course is clearly outlined. Meanings of terms are most lucid. The ramifications of fat compounds, the sterols and phospholipins could be confusing to the students. Suggestions for practice periods in food preparation are most comprehensive. Many hospitals will find more detail than is necessary for practical purposes.

"Normal Nutrition in Special Conditions," for example, pregnancy, might be presented most beneficially when students had had experience with these patients rather than discussing it in the early days of their basic course. The patient experiences suggested are excellent.

There are numerous student projects outlined throughout the courses. It might be impossible to have all of them carried out, but they are a useful guide. Some of them could be adapted to practical use.

The Nutrition and Diet Therapy course is also very clearly and concisely presented. It avoids repetition by leaving such topics as the nature of a disease, symptoms and complications, to discussion groups rather than to actual lecture material. By treating public health and community nutrition in a separate unit, greater emphasis is placed on a branch of nutrition that is becoming increasingly important, and which, if developed to the fullest degree, promises an era of greater health, prosperity, longevity, and even world peace.

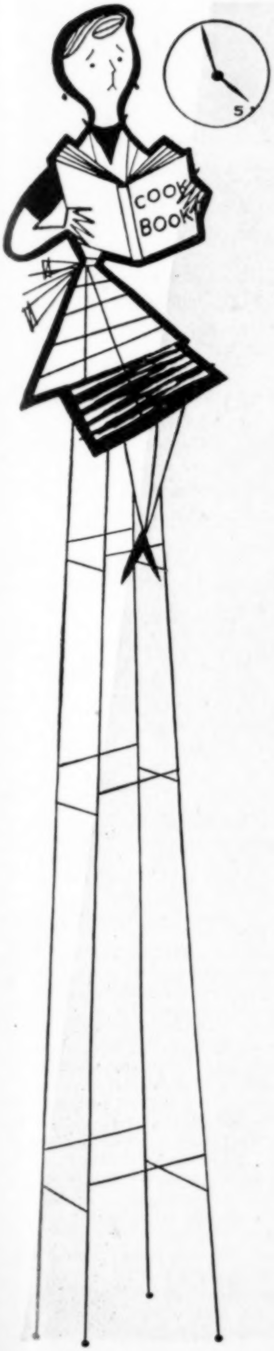
Arthritis, one of the rheumatic group of diseases has afflicted not only prehistoric man but also the animals that preceded him, it has been discovered by medical scientists who have examined the skeletal remains discovered by archeologists.

— Dept. of National Health and Welfare

* * *

Let us treat men and women as if they were real: perhaps they are.

— Emerson



THIS little housewife had a problem — sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with — in any food, at any temperature. One which gave the perfect taste of sugar — with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee — *sweet* coffee — and a big, big smile across the table . . .

Abbott

. . . and so she started using

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and
recipe booklets,
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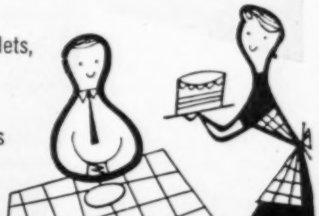

Macmillan Award Winners

Once again, faculty members from hospitals in six provinces have cooperated in assessing the quality of nursing care described in the various nursing student studies that were entered in the 1958 Macmillan Award competition. While the cash prizes were won by Ontario students, all but one of the five "honorable mention" awards went to Western Canada — three of them to the city of Edmonton.

The names of this year's prize-winners follow this brief appeal to students in Eastern Canada, particularly in the Maritime Provinces, to polish up your entries for submission this year. All entries should be sent to **The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que.**

The studies by the following students will be published in our July 1959 issues:

1. *Prizes of $25.00 each to:*

(a) Sister Rita McDermid, R.H.S.J., St. Joseph's School of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

(b) Miss Bernice Myers, Sarnia General Hospital, Sarnia, Ontario.

2. *Honorable Mention (Book Prize)*

(a) Miss Annie Kuczmok, University of Alberta Hospital, Edmonton, Alberta.

(b) Miss Maureen Parrent, Misericordia Hospital, Edmonton, Alberta.

(c) Miss Doris Haave, Royal Columbian Hospital, New Westminster, British Columbia.

(d) Miss Dorothy C. Johnston, Hamilton General Hospital, Hamilton, Ontario.

(e) Miss Gloria Sobie, University of Alberta Hospital, Edmonton, Alberta.

News Notes

ALBERTA

Lethbridge chapter elected its new executive at a regular meeting early this year. The officers are: Sr. Hugh Teresina, pres.; Mmes. M. Cummings, M. Bradley, vice-pres.; Mrs. Eberly, sec.; Vera Koppenstein, treas. Drumheller members have a new slate of officers also. Those elected were: Mrs. Swain, pres.; Mrs. Gunn, vice-pres.; Irene Gallagher, sec.-treas. The Annual reports from a number of chapters show that provision of furnishings for the new provincial building was a major project for the past year. Contributions have included $25 from the Athabasca chapter, $500 from Edmonton, $25 from Drumheller and from Grande Prairie, $100 from Medicine Hat and a pledge for $700 from the Calgary chapter to provide furnishings for the lounge.

An increasing number of chapters are selecting the award of a bursary to a student entering a school of nursing as one of their major projects. Coleman presents a $50 bursary to the grade 12 graduate in the Crow's Nest Pass who receives the highest marks and selects nursing as her profession. In addition the members have established a $50 fund to be used to pay for private nurses when they are needed and the family is unable to assume the extra expense. Hinton chapter elected a new slate of officers: Mrs. S. Roberts, pres.; Mrs. M. Williams, vice-pres.; Mrs. T. Piwek, sec.-treas.

The members of Jasper's Edith Cavell chapter enrolled for classes in First Aid. They have encountered a serious problem in the attempt to find nurses for private or general duty nursing in the local hospital. Due to family commitments the members feel that they can only offer assistance in an absolute emergency. Medicine Hat organized a refresher course with two-hour lectures given twice weekly for over three weeks. Pincher Creek chapter donated an incubator to the hospital, entertained 32 high school girls who were interested in nursing and continued work on the scrap-book devoted to interesting items about medicine and nursing. Ponoka nurses completed arrangements for the bursary to be offered to a prospective nursing student this fall.

Provost elected the following slate of officers: Mrs. Hillis, pres.; Mrs. Lindsay, vice-pres.; Miss Cromarty, sec.-treas.; Mmes. McCarthy, McElhinny and Miss Koite, social committee. In appreciation for the use of the auditorium, Red Deer mem-

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benefit from Spansule* sustained release therapy

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who feels better because his symptoms are under constant control and who is happier because he is not required to swallow pills 3 or 4 times a day.

the NURSE

who finds that the time-consuming routine of drug administration has been greatly simplified because 'Spansule' therapy replaces 2, 3 and even 4 rounds of ordinary oral medication.

the DOCTOR

who knows that the patient is receiving prolonged, continuous medication, with less chance of symptomatic "break-through" between doses, and, where rest is important, with fewer annoying interruptions.

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and **PRYDONNAL*.**

Also available:

SUL-SPANSION LIQUID*

SUL-SPANTAB† TABLETS,

unique *sustained-release* forms of sulfaethidole, S.K.F.

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*Reg. Can. T. M. Off. †Trade Mark

bers donated $10 to the Patient's Comfort Fund of the Provincial Training School. They also elected the new executive: Mrs. Lacey, pres.; Mrs. Flegal, vice-pres.; Miss Nesbitt, treas.; Mrs. Aronitz, corr. sec.; Miss Petrie, rec. sec. Vermilion chapter offers a $50 scholarship annually to a student entering nursing but had no applicants in 1958. A special prize of $10 is given to the local School of Agriculture to be awarded to a girl graduating in the home nursing and physical education course.

DISTRICT 7

EDMONTON

General Hospital

The student nurses received a much-appreciated gift of a washing machine from the doctors last Christmas. The annual Christmas concert, under the direction of Miss O'Byrne was thoroughly enjoyed by the audience. More recently the students presented a musical evening with proceeds going to foreign missions. Capping ceremonies were held in mid-January for 61 students and the proceedings were televised over the local station.

BRITISH COLUMBIA

KAMLOOPS

The closing of the Tranquille Sanatorium had an immediate effect on the membership of the local chapter. Many nurses left the area for employment elsewhere in the province. To permit continuation of various chapter projects, a fee of $2 annually is to be solicited from each member. The Future Nurses' Club has been placed under the guidance of Patricia Bolitho.

In her annual report the president of the chapter noted that general meetings had had an average attendance of 22 members during the past year. The nursing care study prize was awarded to Shirley Cooper, a student nurse at Royal Inland Hospital. There was considerable variety in the program topics for the meetings. Among the speakers were Dr. D. Osborne who outlined current trends in obstetrical care and Miss M. Salter who gave an illustrated address on nursing among the Eskimos.

VANCOUVER

St. Paul's Hospital

The members of the graduating class of 1959 were guests of honor at a buffet supper at which they were served by members of the alumnae executive. Each guest was presented with a year's membership in her alumnae association. K. Duston and H. Silvanovicz are enrolled in the public health course at U.B.C. R. Wolff has returned from Saskatchewan and is doing private nursing in the city. J. Hanson has gone to Redwood City, California.

NEW BRUNSWICK

MONCTON

A meeting of the local chapter of the NBARN was held early in February in the auditorium of the City Hospital residence.

The meeting was chaired by the president, Margaret Hollenbeck. Thirty-three members were present. Five senior students from the Hotel Dieu L'Assomption Hospital and 27 senior students from the Moncton City Hospital were guests of the chapter.

Mrs. Katherine Wright gave a very interesting report of the council meeting of the NBARN held in the Conference Room of the provincial office in January. Mrs. Florence Carrel reported on the meeting of the Local Council of Women.

The guest speaker, a well-known citizen of the city, Mr. Jack Keefe, gave a warm and enlightening talk on "Canada and the Crown." He pointed out the many privileges that we enjoy as Canadians and stressed the importance of loyalty, allegiance, love of our country and the Crown and our responsibility to future generations.

NOVA SCOTIA

DARTMOUTH

Nova Scotia Hospital

Recently, alumnae members undertook the project of supplying special entertainment for the patients twice a month. The pleasure that has been given to the patients as a result has made the effort very satisfying. The executive of the association for this year has been elected and the following members hold offices: Mrs. M. Keddy, pres.; Mrs. K. Manley, vice-pres.; V. Fenwick, sec.; M. Fenwick, treas.; L. Jarvis, entertainment convener; O. Lindsay, Mrs. R. Bonang, ways and means; Mmes. M. Greenough, C. Brown, Sick and Visiting; Mrs. I. Jackson, Publicity; Mmes. E. Gallupe, M. Forsythe, refreshments; Mmes. P. Grimm, E. Allen, G. Webber, Board of Directors.

The new 250-bed admission unit was officially opened late last year. The guest speaker was Dr. H. Solomon of Massachusetts who spoke of the characteristics that a hospital should possess in order to hold qualified staff and be a therapeutic success.

ONTARIO

DISTRICT 1

LONDON

Victoria Hospital

The new executive officers of the alumnae association are: E. Robson, hon. pres.; M. Stevenson, pres.; Mmes. I. Currie, B. Clifford, vice-pres.; Mrs. J. Thompson, rec. sec.; Mrs. W. Burrell, treas.; Mrs. M. Wake,

not only for protection

as the vaginal menstrual guard of choice...

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to retain vaginal and cervical medications after treatment and between office visits.

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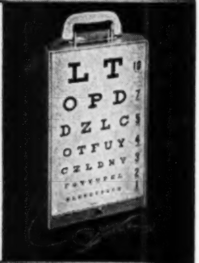

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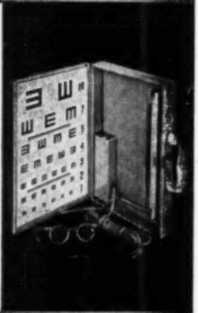

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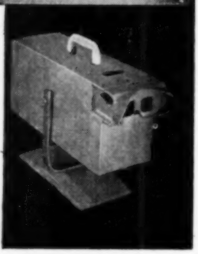

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corr. sec. The program committee has already arranged for the guest speakers at the various meetings throughout the year. In the near future Dr. Kinch is to discuss developments in the field of obstetrics and Mr. H. J. Andrews, chiropodist, has been asked to speak on the care of the feet. Verna Sloan who was the assistant district director of the local branch of the V.O.N. retired late last year after 29 years of service. Winnifred James was appointed nurse in charge of the Sarnia branch of the V.O.N. Mildred Thomas retired last year after 20 years as a case-worker with the local Family Service Bureau.

WINDSOR

Hotel Dieu Hospital

The class of '48 held a reunion at the home of Gloria (Dowling) Banks in mid-January. Veronica (Damphousse) Szndlar is working in a doctor's office in North Detroit. The program at the February meeting was designed to bring the members up-to-date on nursing care techniques. Various aspects of the nursing care of patients with chest surgery were demonstrated by Mrs. D. Sharron, R. Geml, F. Horvath, R. Marentette and A. Bezaire.

DISTRICT 2

WOODSTOCK

Phyllis Bluett was elected as president of the district association at the recent annual meeting. Mrs. Mary Strong, consultant in personnel relations RNAO, was the guest speaker. She gave the members a great deal of interesting information concerning personnel policies. Mr. Wallace Nesbitt, a member of parliament and a delegate to the United Nations, was the guest speaker at the annual dinner.

General Hospital

The following alumnae members were elected to office recently: P. Bluett, hon. pres.; Mrs. C. Tatham, pres.; Mmes. R. Palmer, R. Ludington, vice-pres.; A. Shearer, Mrs. R. Smith, sec. & asst. sec.; M. Vandermark, Mrs. T. Writt, treas. & asst. treas.; Mmes. A. Almond, P. Meadows, corr. sec. & asst. corr. sec.; Mmes W. Allcock, I. Groves, press reporters; Mrs. R. Osborn, Miss S. Moyer, bulletin editors; M. Howse, M. Goad, flower & gift conveners; Mrs. L. Tyler, lunch & program convener.

DISTRICT 3

GUELPH

General Hospital

The alumnae association reported a successful year for 1958 and hoped for the same in 1959. Among the objectives accomplished were a bursary given to a student nurse be-

recent pediatric report:

all constipated babies*

all teething babies* (but one)

with gastrointestinal upset and malaise

were relieved by

Baby's Own Tablets

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

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For a sample supply and literature citing references 1-15 write . . .

Typical Case History

CASE #23. Baby M.P., age 7 months, weight 17¼ lb., had poor bowel movements with excessive straining. Stools were very hard, small, stony masses, and occasionally bloody. Baby was irritable, cranky, restless and cried incessantly. Inspissated fecal masses were palpated in the lower abdomen ('sausage').

BABY'S OWN TABLETS were given, one tablet each night at bedtime.

On examination, one week later, baby was feeling well and happy. Bowel movements were good, no straining or bleeding. Stools were soft and well formed. Abdomen was soft, no masses palpable.

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ginning her professional education and the completion of a $350 pledge for new classroom equipment. The new executive was elected at the annual meeting this spring. Its members are: M. Ruth Gaw, hon. pres.; Mrs. R. Plummer, pres.; Mmes. E. Matthews, J. H. Reed, vice-pres.; C. Ziegler, treas.; Mrs. G. M. Elliott, sec.; Mrs. C. Gausden, corr. sec.; Mrs. N. McWilliams, asst. corr. sec.; M. Allen, program convener; Mrs. K. Towsend, social convener; L. Ferguson, bursary; M. McFee, cards; Mrs. G. M. Elliott, rep. to *The Canadian Nurse*; Mrs. R. Maltby, rep. to Canadian Consumer Association; Mrs. G. M. Elliott, rep. to Canadian Mental Health Association. The annual alumnae dinner has again been planned for May.

Owen Sound

General and Marine Hospital

The alumnae association recently elected its new slate of officers. The members holding office are: W. M. Cooke, hon. pres.; A. Matches, pres.; Mrs. A. Stranko, vice-pres.; Mrs. H. Lemon, sec.; Mrs. R. Brown, treas. *Committees*: Finance, I. Johnson, Mmes A. Stranko, M. Keeling; Program, A. Cook, Mrs. D. Fleming; Social, E. Brown, Mmes M. Mundle, W. McKee, W. Hodgson; Buying, Mmes W. McKee, H. Ebel; Gift Shop, J. Bowers, E. Cook, Mrs. I. Davis; Rep. to RNAO, R. Showell; Rep. to Local Council of Women, Mrs. D. McKerroll; Membership, Mrs. D. Bell.

District 4

Hamilton

St. Joseph's Hospital

The alumni association decided upon definite dates for its annual dinner and the graduation dinner at a recent meeting. The former is to be held on May 6, the latter on May 29, and the location for both will be the Royal Connaught Hotel. Sister Virginia, director of nurses, read a letter from the RNAO stating the rules and regulations governing nurses who seek to renew their registration after a lapse of ten years. The guest speaker on this occasion was "Olivia" of Hamilton, couturier, who discussed various factors in fashion.

District 5

Toronto

General Hospital

The annual meeting of the alumnae association was held early in the year. Members elected to the executive were: Mary McInroy, pres.; Jean Murray, Mrs. Constance Hobday, vice-pres.; Mrs. Norma Marosse, sec.-treas.; Helen Rendall, Margaret Kellough, Jessie F. Young, Barbara White, councillors; Marjorie E. K. Brown, convener, Trust Fund; Marion Markle, archivist.

District 6

Belleville

General Hospital

The student nurses presented a panel discussion entitled "The Introduction of the Social and Community Aspects in the Nursing Curriculum" at a recent meeting of the alumnae association. A field trip to the Canadian National Institute for the Blind, tuberculosis nursing and public health affiliations were among the experiences discussed by the student panel. The capping ceremony for the junior students was held at the Club Canara on February 18 and a formal dance in honor of the same group took place the following week. The students held their annual Penny Sale on March 25. This is one of their main fund-raising projects for the year. Mrs. Violet (Daniels) Tompkins has accepted the position of instructor in pediatrics replacing Doris Smith who has been appointed director of nursing. Miss Margaret L. Peart recently resigned from this position.

DISTRICT 8

OTTAWA

General Hospital

Under the convenership of Mrs. D. Kipp a very successful bazaar was held late last year by the alumnae association. A gift of a bottle warmer was presented to the pediatric department. The new executive has been chosen and includes the following members: Sr. St. Philippe, hon. pres.; Sr. Veronica, hon. vice-pres.; Mrs. J. Mellon, past pres.; P. Conway, pres.; Mrs. P. Lamoureux, Miss H. Pilon, vice-pres.; Mrs. B. Gorond, sec.; Mrs. A. Lapointe, treas.; Sr. Madeline of Jesus, Mrs. R. Hurtubise, Misses R. Therien, A. Rolston, M. Bouchard, M. J. Bonfield, councillors.

SASKATCHEWAN

SASKATOON

Members of the local SRNA chapter heard a stimulating talk by Dr. L. R. Chasmar on "Plastic Surgery and its Progress" at one of their recent meetings. Descriptive slides gave added interest. The group were particularly interested in present-day reconstructive surgery. Cosmetic defects no longer need to cause lasting concern to individuals as a result of the developments in this field.

SWIFT CURRENT

Dr. Robert Irwin addressed chapter members at one of their recent regular meetings held in the nurses' residence of the Union Hospital. His topic was "Advances in Modern Surgery" and included mention of hypothermia in cardiac surgery, new equipment in postoperative care, the various banks — blood, bone, artery etc. — and the use of artificial organs. At the business meetings following Dr. Irwin's talk, a slate of officers for the SRNA Council was chosen for submission to provincial office prior to balloting. Volunteers to attend a civil defence workshop at the Fort Qu'Appelle centre were requested. It was announced that the newly-formed Regional Council would hold a meeting in the hospital classroom with a new method in intravenous therapy as a main topic for demonstration and discussion.

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Please let us know of your plans for home-coming.

A warm invitation is extended to friends from other schools to attend the garden party at the residence on Saturday, June 13, 3-5 P.M.

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270 Laurier Ave., W., Ottawa

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Past President	Miss Trenna G. Hunter, Metropolitan Health Com., City Hall, Vancouver, B.C.
First Vice-President	Miss Helen Carpenter, 50 St. George St., Toronto 5, Ont.
Second Vice-President	Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax, N.S.
Third Vice-President	Miss Hazel Keeler, University Hospital, Saskatoon, Sask.
General Secretary	Miss M. Pearl Stiver, 270 Laurier Ave. W., Ottawa.

OTHER MEMBERS OF EXECUTIVE COMMITTEE

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Alberta	Miss Margaret Street, General Hospital, Calgary.
British Columbia	Miss Edna Rossiter, Shaughnessy Hospital, Vancouver.
Manitoba	Mrs. Hilda Mazerall, 10 Wildwood Park, Winnipeg 9.
New Brunswick	Miss Lois Smith, Provincial Hospital, Lancaster.
Newfoundland	Miss Janet Story, 337 Southside Rd., St. John's.
Nova Scotia	Rev. Sister C. Gerard, Halifax Infirmary, Halifax.
Ontario	Miss Margaret Morgan, Hamilton General Hospital, Hamilton.
Prince Edward Island	Mrs. Vera MacDonald, King's County Memorial Hospital, Montague.
Quebec	Miss Margaret Wheeler, 4442 Oxford Ave., Montreal.
Saskatchewan	Miss Lucy D. Willis, University of Saskatchewan, Medical Bldg., Saskatoon.

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Quebec	Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal.
Ontario	Rev. Sister Madeleine of Jesus, Ottawa General Hospital, Ottawa
Western Canada	Rev. Sister M. Laurentia, Providence Hospital, Moose Jaw.

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Nursing Education	Miss Hazel Keeler, University Hospital, Saskatoon.
Public Relations	Miss Ethel M. Gordon, Apt. 110, 150 Argyle Ave., Ottawa 4.
Legislation and By-Laws	Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax.
Finance	Miss Helen Carpenter, 50 St. George St., Toronto 5.
Journal Board	Mrs. Isobel MacLeod, Montreal General Hospital, Montreal.

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Registered Nurses' Ass'n of British Columbia, Miss Alice L. Wright, 2524 Cypress St., Vancouver 9.

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New Brunswick Ass'n of Registered Nurses, Miss Muriel Archibald, 231 Saunders St., Fredericton.

Ass'n of Registered Nurses of Newfoundland, Miss Pauline Laracy, Cabot Bldg., Duckworth St., St. John's.

Registered Nurses' Ass'n of Nova Scotia, Miss Nancy H. Watson, 73 College St., Halifax.

Registered Nurses' Ass'n of Ontario, Miss Florence H. Walker, 33 Price St., Toronto 5.

Ass'n of Nurses of Prince Edward Island, Mrs. Helen L. Bolger, 188 Prince St., Charlottetown.

Association of Nurses of the Province of Quebec, Miss Helena Reimer, 640 Cathcart, St., Montreal.

Saskatchewan Registered Nurses' Ass'n, Miss Victoria Antonini, 401 Northern Crown Bldg., Regina.

ASSOCIATION OFFICERS

Canadian Nurses' Association: 270 Laurier Ave. West, Ottawa. *General Secretary-Treasurer,* Miss M. Pearl Stiver. *Secretary of Nursing Service,* Miss F. Lillian Campion. *Assistant General Secretary,* Miss Rita MacIsaac.

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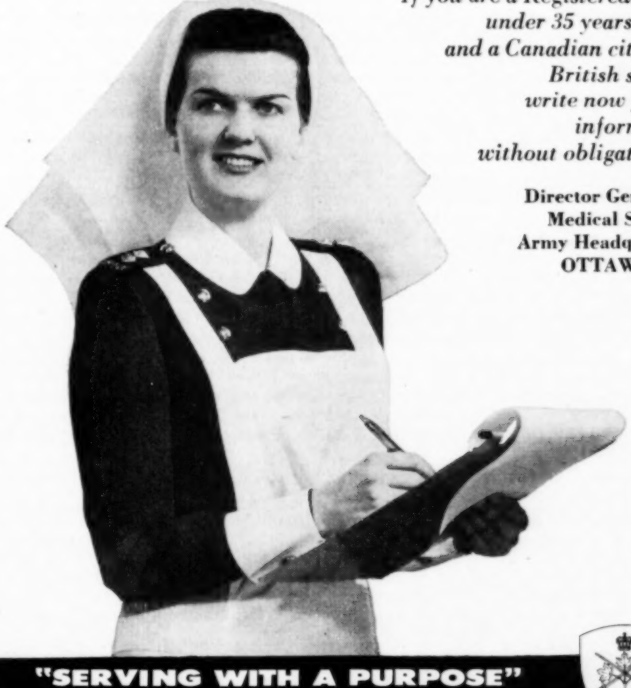

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Assistant Director of Nursing Service; Pediatric Clinical Teacher for April 1959; **Obstetric (1) Medical-Surgical Clinical Teacher (1)** for July 1959 in 320-bed teaching hospital. Apply: Director of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

Director of Nursing Education for 500-bed General Hospital with school of nursing. Applicant must have a degree in nursing. Salary commensurate with experience & qualifications. Apply to, Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

District Supervisor (after July 1, 1959) Responsibilities would include the supervision of three (3) small health centres. Existing salary range $4,140-$4,740 with a yearly increment of $150. A certificate in Administration & Supervision in Public Health Nursing & experience in an official agency are essential. Good personnel policies. 5-dy. wk. Superannuation, Ontario Hospital Insurance, Blue Cross & P.S.I. benefits. For further information please apply to Director of Public Health Nursing, City of Ottawa Health Dept., City Hall, 111 Sussex Drive, Ottawa, Ontario.

Night Supervisor (8:00 p.m.-8:00 a.m.) 4 nights weekly for small Tuberculosis Hospital. Write stating age, experience, when available to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke Street East, Montreal, Que.

Obstetrical Supervisor for 10-bed 12-bassinet unit with 14-bed Woman's Surgical Unit on same floor. Willing to give Obstetrical Nursing lectures, clinics & supervise students. Medical staff teaches Obstetrics. Remuneration according to qualifications & experience. New school & residence under construction. Transportation allows easy access to Edmonton 40-mi. S.W. Travel expenses reimbursed after 1-yr. continuous service. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy many winter sports along with excellent skiing in the Blue Mountains. Apply, Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Operating Room Supervisor for active General Hospital in Niagara Peninsula. Postgraduate education required or background of supervisory experience. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Nursing Supervisor for northern hospital. Good salary, good living conditions. Apply: The Matron, Yellowknife District Hospital, Yellowknife, North West Territories.

Supervisors & General Duty Nurses for Clearwater Lake Hospital, The Pas, Manitoba & Manitoba Sanatorium, Ninette. Salary range $265 - $295 depending on qualifications & appointment. 3-wk. vacation, 40-hr. wk. 10 statutory holidays, group insurance plan. Interesting nursing with white, Indian & Eskimo patients both in general & tuberculous wards. Apply: Director of Nursing Services, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Manitoba.

Instructress willing to plan class room program & teach. School enrollment 35-45 students. 4 affiliation courses, block system lectures, new school of nursing & residence under construction. Remuneration according to qualifications & experience. Hospital 40-mi. N.E. Edmonton. Transportation permits for interests in Edmonton. Travel expenses reimbursed after 1-yr. continuous service. Apply Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Instructor, medical & surgical nursing. Apply, stating qualifications & experience, to Director of Nursing, Women's College Hospital, Toronto 5, Ontario.

Superintendent of Nurses for 28-bed General Hospital. This is a small manufacturing town 40-mi. southwest of Montreal & 8-mi. from summer resort on Lake St. Francis. There is an active social life in the town & community. Pleasant working conditions. Good personnel policies. Present Matron is resigning for health reasons after almost 5-yr. tenure of the position. The qualifications for this position do not necessarily include a degree or special courses. Apply to: Dr. F. G. McCrimmon, Medical Superintendent, County Hospital, P.O. Box 488, Huntingdon, Quebec.

Registered Nurse (1) Immediately for 30-bed hospital. Salary $260 per mo. gross, health & pension plans available. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1-year plus all statutory holidays. Within 1-hr. drive from Waterton National Park, 20 minutes from Lethbridge & 3-hr. from Calgary & Great Falls, Montana. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered Nurse (1) for 12-bed hospital (close to Banff). Salary $250 less $30 maintenance, 8-hr. rotating shifts, 40-hr. wk. 3-wk. vacation after 1 year service. Apply: Matron, Municipal Hospital, Canmore, Alberta.

Lady Superintendent & Administrator for small well equipped General Hospital. In a community of 3,000 people, serving a fairly large rural area — situated close to Ottawa. There is good rail & road communication with the capital & other communities in the Ottawa valley. A small apartment is provided in the hospital. Applicants are requested to provide references with a resumé of past experience & salary expected. Apply: Secretary-Treasurer, The Rosamond Memorial Hospital, Almonte, Ontario.

Superintendent of Nurses for 22-bed modern hospital located in a pleasant active community. Salary range $310-$395 per mo. Complete maintenance in comfortable residence available at $34.50 per mo. Nursing staff consists of Registered Nurses (6) Certified Nursing Assistants (3) Ward Aids (2). Position becomes vacant on May 15, 1959. 1-mo. orientation is desirable. Apply to: Mr. J. R. Huckstep, Secretary-Manager, Union Hospital, Shellbrook, Saskatchewan.

Registered Nurse for 35-bed busy General Hospital offers a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary $270 per mo. $35 deducted for maintenance & laundry. 4 semi-annual increments of $5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave each year, cumulative to 30-days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary $280 per mo. gross. $40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses; for 50-bed Hospital Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (for General Duty & Special Departments) new modern 150-bed hospital. Starting salary $235, 5-day wk., 8-hr. day, 21-days vacation, 8 statutory holidays & pension plan. Apply: Director of Nursing, St. Joseph's Hospital, Brantford, Ontario.

Registered Nurses for General Duty modern 18-bed Private Hospital in Iron Mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policies. Starting salary $255 minimum to $290 maximum for experience, less $20 per mo. maintenance. Transportation alowance after 3-mo. service. Apply Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital, Starting salary: $265 per mo. plus shift allowance. 40-hr. wk. 4 wks. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (2) for general duty. 5-day wk. 1-mo. vacation after 1-year. Salary $200 per mo. plus full maintenance. Apply, Saugeen Memorial Hospital, Southampton, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary $12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses (Single) for small new modern hospital 12-mi. from Niagara Falls; treating medical & surgical patients. State qualifications, salary expected & date available. Apply: Medical Centre Hospital, Virgil, Ontario. Attention Dr. J. Z. Czerevko.

Registered Nurses for Operating Room & general staff positions. Salary $245 per mo. 5-day wk. Excellent residence accommodation available. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Infirmières Licenciées demandées. Pour renseignements s'adresser à la Directrice du Nursing, Hôtel-Dieu de Saint-Jérôme, Saint-Jérôme, Québec.

Registered Nurses for an accredited 82-bed hospital. Salary: $255-$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms provided for $8.00 to $12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Nurses for general duty work. 40-hr. 5-day wk. Salary according to S.R.N.A. recommendations. Apply Superintendent of Nurses, Victoria Union Hospital, Prince Albert, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary $260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan.

Registered Nurses (Openings in all services) for 166-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Top salaries, many extra benefits & opportunities for advancement. Excellent personnel policies. Located on beautiful San Francisco Peninsula, 20 minute drive from the heart of the city. Apply Personnel Director, Peninsula Hospital, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, Calif.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

Registered Nurses for General Duty & Operating Room. Starting salary $325 per mo. **40-hr. wk.** Living quarters available. Modern 74-bed district hospital, midway between San Francisco & Los Angeles, California. Contact Administrator, District Hospital, Tulare, California.

Registered Nurses Salary $325-$360 in 18-mo., differential on p.m. shift $1.50, nights $1.00. Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries $285-$315, days; **$10** differential for evenings & nights; **$15** differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses (2) Practical Nurses (2) for modern 20-bed hospital. Salary-registered **$290** practical $195 less $35 maintenance. 40-hr. **wk.** 4-**wk.** vacation after 1-year service. Statutory holidays & sick leave. Registered to start April 1, practicals May 1. Apply to Memorial Hospital, Deloraine, Manitoba.

Registered Nurses (2) Licensed Practical Nurse (1) for 15-bed hospital under the United Church of Canada, 90-mi. north of Winnipeg, salary $270 per mo. gross. Apply to: Superintendent, Elizabeth M. Crowe Memorial Hospital, Eriksdale, Manitoba.

Registered Nurses & Certified Nursing Assistants for new 60-bed addition opening about April 1. Starting salary $255 & $180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurse for General Duty Staff. Salary $275 per mo. 4 semi-annual increments. Board & room $30 per mo. Paid overtime, 42-hr. wk. 1-mo. paid vacation, sick leave 1½-day per mo. accumulative to 90-days. Apply stating age & qualifications, to: Matron, Municipal Hospital, Mayerthorpe, Alberta.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

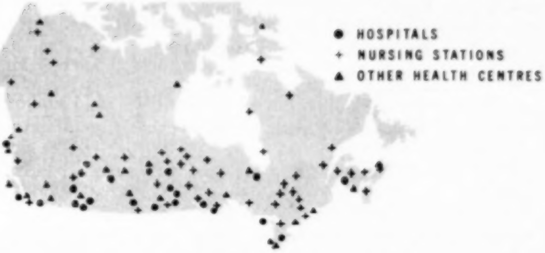
Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses for General Duty (3) Immediately, for new 14-bed hospital. Salary $250, increments, etc. according S.R.N.A. Accommodation in residence. Apply: Mrs. A. E. Eye, Matron, Union Hospital, Hudson Bay, Saskatchewan.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses (Immediately) for 100-bed Public Hospital in eastern Ontario. 44-hr. wk., 2-wk. sick leave, 3-wk. annual vacation. Apply, Superintendent, Public Hospital, Smiths Falls, Ontario.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,220 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

• Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

• Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Registered General Duty Nurses for County Hospital 45-mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Theatre, bowling, curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary $225. Three $5.00 increases at 6-mo. intervals to maximum $240, 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 1-mo. annual vacation, 7 statutory holidays, 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntington, Quebec.

Registered General Duty Nurse for 10-bed 3-crib nursery. Salary $345; 5-day wk. Apply: Geo. P. Pimentel, Los Banos Emergency Hospital, Los Banos, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $340 for days, $370 for evenings, $360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk. rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered & Graduate Nurses for General Duty. Apply, Superintendent of Nurses, Muskoka Hospital, Gravenhurst, Ontario.

General Duty Registered Nurse (Immediately) also one (1) for holiday relief (June 1,-October) for 21-bed new hospital. Starting salary $250 per mo., $5.00 per mo. increment every 6-mo. Board & room in new staff residence $45 per mo. Usual holidays, 5-day wk. Apply: Matron, Lady Minto Gulf Islands Hospital, Ganges, British Columbia.

General Duty Registered Nurses for 100-bed General Hospital in town of 6000 on shore of Lake Huron. Good personnel policies, 5-day wk., residence accommodation available. Please apply to Superintendent, Alexandra Marine & General Hospital, Goderich, Ont.

General Duty Registered Nurse (1) Immediately for 11-bed hospital. For further information, apply: Sister Superior, Notre Dame Hospital, Val Marie, Saskatchewan.

General Duty Nurses for small active hospital. Salary $250 for unregistered. $260 registered with yearly increments. Nurses' Home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for R. W. Large Memorial Hospital United Church of Canada at Bella Bella 300-mi., north of Vancouver on B.C. Coast. Transportation refunded after 1-yr., Apply to, Matron, R. W. Large Memorial Hospital, Bella Bella, British Columbia.

General Duty Nurses (vacancies available for all floors) **& Operating Room Nurse** (1) Starting salary $260 per mo.or $273 for 2-yr. satisfactory experience, plus $10 per mo. additional for postgraduate certificate in any of the nursing fields. New 125-bed hospital to be opened early in autumn, new modern nurses' residence ready for occupancy in April of this year. For further information write to: The Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $270, maintenance $47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies, nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $250-$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary $325, nurses' home, excellent working conditions. Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Duty Nurses (Immediately) for 50-bed approved hospital located in mountainous portion of Colorado, college town. Salary $300, 40-hr. wk., sick leave, vacation, periodic increases. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for 26-bed hospital in Northern Ontario. Starting salary $275 per mo. & $195 per mo. Board & room available at $28.50 per mo. 5½-day wk. 8-hr. duty, annual vacation, 1-day sick leave per mo. after 6-mo. Apply: Mrs. G. Gordon, Superintendent, District Hospital, Nipigon, Ontario.

The Roosevelt Hospital

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APPLICATION FOR APPOINTMENT

NURSING SERVICE DEPARTMENT

NAME (PRINT) ....

ADDRESS ....

....

BIRTHDAY .... MARITAL STATUS ....

WHERE REGISTERED ....

POSITION SOUGHT ....

DATE AVAILABLE ....

PROFESSIONAL BACKGROUND

BASIC NURSING & POSTGRADUATE COURSES	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL AND LOCATION	DATE

TRANSPORTATION FROM CANADA PAID UPON APPOINTMENT TO STAFF

COMMENTS:

PLEASE INDICATE IN NUMERICAL ORDER, NURSING SERVICE PREFERRED:

☐ MEDICINE

☐ SURGERY

☐ MEDICINE & SURGERY

☐ OPERATING ROOM

☐ PEDIATRICS

☐ GYNECOLOGY

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59th STREET
NEW YORK 19, NEW YORK

THE ROOSEVELT HOSPITAL

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

REQUIRES INSTRUCTORS FOR

1. SCIENCE 2. MEDICAL CLINICAL. 3. SURGICAL CLINICAL.
4. TEACHING AND SUPERVISION OF CERTIFIED NURSING ASSISTANTS.

HEAD NURSES — SURGICAL AND MEDICAL 3-11 P.M.

GENERAL STAFF NURSES — EMERGENCY, OPERATING ROOM AND ALL DEPARTMENTS.

GOOD PERSONNEL POLICIES — 5-DAY WEEK.

For further information write:

DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary $250-$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses, O.R. Scrub Nurse (For Summer Relief) in modern well equipped 100-bed General Hospital in a friendly community. Gross Salary $260 per mo. for nurses currently registered in Ontario. 8-hr. rotating shifts, 44-hr. wk. 1 day off 1-wk. & 2 the next; 21 days vacation after 1-yr; 7 legal holidays per yr. Apply: Miss Willamene R. Allan, Reg.N. General Hospital, Port Colborne, Ontario.

General Duty Nurses & O.R. Scrub Nurses for 142-bed hospital. Basic salary $235 per mo. shift differential, 40-hr. wk. good personnel policy. Apply: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste Marie, Ontario.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. $250 gross salary, $260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

General Duty Graduate Nurses for new 32-bed General Hospital. Basic salary $267.50 for B.C. Registered Nurses. For particulars apply: Superintendent Nurse. Castlegar & District Hospital, Castlegar, British Columbia.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Graduate Nurse for General Duty, 26-bed hospital. Salary $220 per mo. bonus $10 per mo. if permanent night duty, otherwise rotating 8-hourly periods of duty. Annual increment $120 per year for 4-yr. 40-hr. wk. 10 statutory holidays, 28-day vacation after 1-yr. 18-day sick leave during year which is cumulative for 3-yr. Laundering of uniforms free, room & board residence $32 per mo. Comprehensive plan of Medical Services Association, 50% payable by hospital. Situated in the scenic surroundings of Kootney Lake in the heart of the Rocky Mountains & offers excellent opportunities for fishing, boating, water skiing, swimming, golf & any type of outdoor & indoor activities. Applicants should send brief personal information & details of training & experience to: Director of Nursing, Victorian Hospital, Kaslo, British Columbia.

General Duty Graduate Nurses (2). Salary $280 per mo. with annual increments of $10 per mo. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate Nurses for 70-bed General Hospital. Salary $260-$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary $250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. $50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Graduate Staff Nurse for well equipped 400-bed nonsecterian General Hospital affiliated with Medical School. New salary rates: day shift $340-$370 per mo. afternoon & nights $370-$400 per mo. Comfortable low cost living accommodation available in attractive residence building Write to: Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

WHAT DO YOU WANT FROM YOUR NURSING CAREER?

☐ a chance to learn more, and grow into a position of responsibility.

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☐ a chance to test yourself in a variety of nursing positions.

☐ friendly supervision, with a spirit of mutual helpfulness.

☐ an opportunity to take part in a progressive, human approach to medical care.

☐ modern, comfortable surroundings, brand new cafeteria.

☐ living in an interesting, large city, with an immense variety of entertainment, sports, cultural events.

☐ friendly, interesting companionship in your work.

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Cleveland Clinic Hospital, 2020 E. 93, Cleveland 6, Ohio

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☐ *Please send an application form.*

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Address ____________________

City & State ____________________

C

EDUCATIONAL DIRECTOR

FOR SCHOOL OF NURSING

50-students, 1-class a year. Good personnel policies. Salary according to qualifications. Present Director of Nursing was former Educational Director of School. Excellent relationships between hospital administrative staff & nursing school. Cornwall "The Hub of the Seaway" is an attractive, progressive city on international border easily accessible to Montreal & Ottawa.

APPLY:

DIRECTOR OF NURSING, GENERAL HOSPITAL, CORNWALL, ONTARIO

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 300-bed approved hospital & school of nursing. Salary $250 per mo. plus $10 & $5 for pm & night differential. Annual increment for 3-yr. 8-hr. day; 5-day wk; 3-wk. vacation; pension plan; sick time allowance; 8 statutory holidays; partial payment of health plan. Apply: Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $315 per mo. starting salary. $15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range $337.35 to $363.30. Shift bonus: $26 afternoons & $17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary $320-$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses for 165-bed pediatric teaching hospital. Salary: $315-$348. 40-hr. wk. 6 holidays, 10-day sick leave, vacation. Night or eve. differential, $2.00 per shift. 3-mo. psychiatric training required for Mo. registration. Apply to, St. Louis Children's Hospital, 500 So. Kingshighway, St. Louis 8, Missouri.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation $290 per mo. Evenings or night $304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurses (2) with postgraduate or equivalent experience. **Head Nurse & General Duty Nurses** for new 24-bed nursing unit. Positions available at once. Please apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

Public Health Nurse for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurse for Kitchener Department of Health, duties to commence August 1, 1959. Inquiries may be addressed to: Dr. G. E. Duff Wilson, Medical Officer of Health, 9 Ahrens Street East, Kitchener, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range $3,300-$4,300; annual increment $200; pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, MD., D.P.H., Director, Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario

**DAUPHIN
GENERAL HOSPITAL
SCHOOL OF NURSING**

PERSONNEL WANTED

1. **DIRECTOR OF NURSES:**

   Qualifications Preferred: Degree in Nursing or Postgraduate Course in Nursing Administration with experience in a hospital operating a School of Nursing. Duties to commence as soon as possible.

2. **DIRECTOR OF SCHOOL OF NURSING:**

   This position offers a real challenge for the person who will be chosen. Duties involve the organizing and directing of the School of Nursing. Qualifications preferred: Degree in Nursing including preparation for teaching. Duties to commence not later than July 1, 1959; earlier if at all possible.

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RED CROSS
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Transportation arranged under certain circumstances.

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Registered Nurses willing to serve as volunteer Home Nursing Instructors will be welcomed by the Red Cross Branch in your community.

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SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

Public Health Nurse preferably experienced for generalized program in suburban area R.N.A.O. salary schedule, transportation provided or suitable car allowance, employer shared hospitalization, 4-wk. vacation. Apply: Dr. J. E. Gimby, M.O.H., 235 Wellington Street W. Sault Ste. Marie, Ontario.

Registered General Duty Nurse for 30-bed hospital. Starting salary $260 per mo. with $10 yearly increment. Board & room $40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, **Grand Forks** British Columbia.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Salary $250 per mo. to start, $215 for graduates. Group life, accident & sickness insurance free to employees. Opportunities for advancement Pleasant community. Apply: Director of Nursing, District Memorial Hospital, Leamington Ontario.

Registered Nurses for General Staff 38-bed General Hospital. Personnel policies good. For further information, contact: Administrator, City Hospital, Red Wing, Minnesota.

General Duty Nurses for 100-bed hospital with a school of nursing. Hospital 40-mi. north east of Edmonton. Transportation allows for activities in Edmonton when desired. New residence under construction. Travel expenses reimbursed after 1-yr. continuous service Remuneration according to qualifications & experience. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Medical Surgical Nurses: The oldest hospital in Minneapolis, now located in a totally new 308-bed building, has openings on medical & surgical stations. Hospital has approved internship & residency program, plus accredited school of nursing. Starting salary for Registered Nurse $305 per-mo. plus premium pay for evening or night shift. Tenure increases. For further information contact: Director of Personnel, St. Barnabas Hospital, 714-9th Avenue South, Minneapolis, Minnesota.

Instructors (Classroom & Clinical) for 200-bed hospital, 85-student school of nursing. Salary $3,630-$4,080 per annum, 40-hr. wk. Apply: Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Public Health Nurses (Qualified) salary $3,500-$4,250; allowance for experience. $150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; P.S.I. plan; pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurses for General Duty 52-bed hospital in Central Alberta, on main highway close to Calgary, Edmonton & Banff. Salary $250 less $30 for full maintenance, with six (6) $5.00 increments every 6-mo. 1-mo. vacation after 1-year service. Apply to: Mrs. E. Harvie, Matron, Municipal Hospital, Lacombe, Alberta.

Registered or Graduate Nurse (Immediately) for 45-bed hospital. Salary $220 per mo. plus maintenance for Registered Nurse, with usual increments after 6-mo. employment & 1-mo vacation after one(1) year employment. Alternating day & afternoon shifts only. Contact Matron, Mrs. I. Sage, Chronic Convalescent Hospital, Rimbey, Alberta.

Head Nurses (2) for 140-bed hospital, one (1) for Chronic Ward of 25-bed, one (1) for small Pediatric unit. Apply to: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

TORONTO GENERAL HOSPITAL

requires

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Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to.

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

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REQUIRED

FOR THE SCHOOL OF NURSING, QUEEN ELIZABETH HOSPITAL OF MONTREAL. PERSONNEL POLICIES AS RECOMMENDED BY THE A.N.P.Q.

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General Duty Nurses, Operating Room Nurse, Certified Nursing Assistants for 70-bed General Hospital in a resort area, with an expansion program. Good personnel policies, residence accommodation. Apply to: Miss Katharine King, Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

Clinical Instructor, unique hospital school located in rapidly developing industrial area. 100-students, basic program, college affiliated. Splendid opportunity for recent graduate, in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio.

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Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurse (Immediately) for small hospital. Salary $270 less $35 for accommodation. Vacation after 1-year, all statutory holidays given. Apply: Matron, Medical Nursing Unit, Fisher Branch, Manitoba.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, nose & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital, to be opened in the early fall. For information of salary & personnel policies, apply to: The Superintendent, Prince Edward County Hospital, Picton, Ontario.

Junior Public Health Nurse (applications received until May 15) duties under the supervision of our present Senior Public Health Nurse. Starting salary $3,300 plus $1,000 car allowance, hospitalization medical & surgical group in effect, to which the municipality contributes 50% of the cost. Duties to commence approximately July 1st. Further information may be obtained by contacting the undersigned. Gordon Cooper, Clerk-Treasurer, Township of Waterloo, 31 Parkway Drive, Kitchener, Ontario.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: $3,727-$4,216. Starting salary based on experience. Annual increments. 5-day wk. Vacation, shared hospitalization, sick pay & pension plan benefits. Apply: Personnel Department Room 320, City Hall, Toronto Ontario.

Residence, Cook County School of Nursing

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Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at $340-$372.50 for a 37½ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

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Generalized Program
Urban and Suburban
In the Chemical Valley
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Population 60,000

- Salary Schedule: $3,300 to $4,200 per annum with allowance for experience.
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Please apply
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As an employee of our modern well equipped hospital, you may enjoy the excellent opportunities offered as resident of this progressive industrial city.

Positions are available in all services.

SALARY RANGE IS FROM $2,100 TO $2,508.

Excellent employee benefits include 40-hour, 5-day week. Shift differential for evening and night shifts. 9 statutory holidays.

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SARNIA, ONTARIO

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PORTAL TO OUR BEAUTIFUL BLUEWATER COUNTRY

You will enjoy being a part of this progressive, growing community as an employee of the Sarnia General Hospital.

Positions available in all services for

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Excellent Personnel Policies include 40-hour week, 3 weeks paid annual vacation, 9 statutory holidays.

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REQUIRED FOR 1959-60 TERM

Present Student enrollment, 75.

One class per year.
Registration September.

Affiliations — Pediatrics, Psychiatry, Tuberculosis.

New School & Residence.

200-bed General Hospital, fully accredited.

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3 Colleges

Good Salary & Personnel Policies.

Allowance for degree with experience.

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Starting salaries range from $300-$330 per mo. depending on previous experience. Nurses agreeing to work 3 continuous months of evenings will receive in addition a bonus of $15 per wk. Nurses agreeing to work 3 continuous months of nights will receive a bonus of $10 per wk.

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(Graduates) for U.S.A.

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Science Instructor for September or October, 1959. Please write to Box F. The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

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FOR ALL DEPARTMENTS

Gross salary $255 monthly ($117.50 bi-weekly) if registered in Ontario, $235 monthly ($108.20 bi-weekly) until registered. Annual increment $10 monthly ($4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

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FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $250 - $280 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave accumulative to 30 days.
3 weeks vacation and eight statutory holidays.

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NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

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General Staff Nurse positions available at $316 per mo. with annual increments & opportunities for advancement. Rooms available in attractive & convenient nurses' residence. Arrangements for attendance at university classes may be made. Licensure in Minnesota must be completed before permanent appointments may be made.

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44-bed hospital with expansion program, situated in the Niagara Peninsula.

For salary rates & personnel policies,

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This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

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Salary range $3,400 - $3,800, starting salary depending upon experience. 5-day wk. pension benefits, sick leave plan, Ontario Hospital Services, P.S.I. benefits, car allowance provided.

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REGISTERED NURSES — $3,000-$3,540
(According to Qualifications)
CERTIFIED NURSING ASSISTANTS — $2,040-$2,400

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Employees in both hospitals work a 5-day week.

Application forms available at your nearest Civil Service Commission Office, or main Post Offices, should be forwarded to the CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, as soon as possible.

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Eligibility for registration in B.C. necessary. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, British Columbia.

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Positions in Medical & Surgical clinical areas will be available in September.

Salary range: $294.50-$334.50 40-hr. wk.

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92 College St., Toronto 2

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Experienced Public Health Nurses

Good salary range & personnel policies

Apply:

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NURSING POSITIONS AVAILABLE

Starting salary $300-$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus $40-$30 per mo.; tuition aid for advanced education in nearby universities.

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Beginning staff salary: $300 per month, plus generous evening & night differential. Progressive personnel policies. Good transportation to educational & cultural facilities.

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Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $255-$305 per mo. Certified Nursing Assistants $190-$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

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Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

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Hospital opened May 15th, 1958

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Generous benefits,
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DEPARTMENT OF HEALTH

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Salary is $2,700 per annum with $528 deducted for maintenance. Uniforms & laundry services are provided. 24 working days vacation & sick leave with pay.

Applications with full particulars should be addressed to the Director of Nurses,

**DEPARTMENT OF HEALTH
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